

VOL. XI

OCTOBER 1930

PART 4

THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

DIRECTED BY
SIGM. FREUD

OFFICIAL ORGAN OF THE
INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
ERNEST JONES

WITH THE ASSISTANCE OF

G. BOSE
CALCUTTA
M. EITINGON
BERLIN
J. C. FLÜGEL
LONDON

P. SARASIN
BÂLE

A. A. BRILL
NEW YORK
J. VAN EMDEN
THE HAGUE
J. W. KANNABICH
MOSCOW

D. BRYAN
LONDON
S. FERENCZI
BUDAPEST
C. P. OBERNDORF
NEW YORK

W. A. WHITE
WASHINGTON



PUBLISHED FOR
THE INSTITUTE OF PSYCHO-ANALYSIS
BY

BAILLIÈRE, TINDALL & COX, 7 & 8 HENRIETTA STREET, COVENT GARDEN,
LONDON, W.C. 2

THE
INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS
is issued quarterly. Besides Original Papers, Abstracts and Reviews, it
contains the Bulletin of the International Psycho-Analytical Association, of
which it is the Official Organ.

NOTICES

EDITORIAL

1. Manuscripts and editorial communications should be sent to Dr. Ernest Jones, 81 Harley Street, London, W. 1.
2. Correspondence relating to translations should be addressed to the Translation Editor, Mrs. Joan Riviere, 3 Stanhope Terrace, Lancaster Gate, London, W. 2.
3. Manuscripts should be type-written, and a copy should always be retained by the author.
4. Authors will understand that translations of their articles may be published in the *Internationale Zeitschrift für Psychoanalyse* or *Imago* if thought suitable.
5. Authors of original papers will be sent free of charge six copies of the Journal by the Publishers on application. If they require reprints at their own cost application should be made to the Publishers stating how many are required.
6. All matter appearing in this Journal is copyright.

ADMINISTRATIVE

1. The Annual Subscription is 30s. per Volume of Four Parts (America, \$7.50 per Volume).
2. The journal is obtainable *by subscription only*, the parts not being sold separately.
3. Subscriptions and Correspondence relative to advertising and administrative matters in general should be addressed to the Publishers, Baillière, Tindall & Cox, 7 & 8 Henrietta Street, Covent Garden, London, W.C. 2.
4. Back volumes, Nos. I to XI, are available. Price in parts 30s., bound 40s., plus postage in each case, inland 9d., abroad 1s. 6d. Binding cases are also sold separately, price 6s. 3d. post free.

Wanted to Purchase.

INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

PART I.

VOLUME X.

Will anyone having copies to dispose of kindly communicate
with the Publishers,

BAILLIÈRE, TINDALL & COX, 7 & 8, HENRIETTA STREET, LONDON, W.C. 2

THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

VOLUME XI

OCTOBER 1930

PART 4

ORIGINAL PAPERS

THE TECHNIQUE OF PSYCHO-ANALYSIS¹

BY

ELLA FREEMAN SHARPE

LONDON

III

SURVEY OF DEFENCE-MECHANISMS IN GENERAL CHARACTER-TRAITS AND IN CONDUCT: EVALUATION OF PRE-CONSCIOUS MATERIAL

I call your attention to-night to the operation of defence-mechanisms in general character-traits and in conduct. To be able to recognize how they operate in the business of actual living, the ends they achieve for the individual, means a recognition of the task in analysis of resolving what are technically known as *resistances*.

Defence-mechanisms are those psychical methods which have been evolved to defend the ego from danger. The danger arises from the mandates of the super-ego issued against the wishes of the id. The defence-mechanisms that magically defend the ego are what we term 'resistances' in analysis. One hears 'resistance' spoken of as if it were specifically devised against *analysis*. The defence-mechanisms are always present, but during analysis a specific attempt to resolve them is made and success depends upon this resolution. The tightening of resistances during analytical work can be understood if we remember that the patient is defending himself psychically in ways analogous to those that a person in real danger would adopt if he were threatened with defencelessness. It matters not that the dangers are unreal. They feel real enough. The moment we begin to think with some

¹ Lectures delivered to candidates in Training at the British Psycho-Analytical Institute, London, February and March, 1930.

degree of annoyance that the patient is resisting *analysis* then it behoves us to disengage ourselves from our personal affects and to search more deeply for the dangers against which the patient is defending himself.

The defence-mechanisms observable in analysis have been habitually present in the patient's character and conduct before analysis. A high light is now thrown on them and any changes that occur in the personal psychology, any re-orientation through relief of anxiety, will depend upon the resolution of these defences. This resolution depends upon bringing to light two sets of forces, namely, the unconscious id wishes and the nature of the super-ego threats. We need to have an understanding of what happens if we can do this successfully. A successful analysis does not mean that the unconscious wishes are abandoned. It does not mean that there are no more defence systems. It does not mean that the super-ego is analysed away.

Freud speaks of infantile wishes as being indestructible, pressing ever for fulfilment. What happens in the most successful analysis is a bringing to light of these wishes and a working through of infantile anxiety and emotional affects concerning these wishes. This means a knowledge of the magical system evolved to guard the ego. A modification of the super-ego takes place in consequence of this. This entails a greater reality-sense and a greater ability to operate in reality with less anxiety and greater satisfaction. It means the greater possibility of an integrated purpose in life, and much greater power of being emotionally unperturbed by the hostility and the affects of other people. I qualify all these results by the words 'less' and 'more'. There will ensue *more* capacity to bear hostility, a *greater* reality-sense, *less* anxiety.

An adequate analysis has the following result. The indestructible infantile wishes of the unconscious are canalized in sublimations which are symbolical of those wishes. Sublimation is not a substitute for actual living; it is not living by proxy. It is a re-presentation in some form of cultural value of those infantile wishes that never can become realities. It is when sublimation is inhibited or impossible that adult living does not touch reality. It is when sublimation is laden with anxiety that it brings no satisfaction: that is, when it is not complete sublimation but still an unconscious attempt to make *real* the infantile unconscious wishes. Analysis frees the sublimation from anxiety. This freeing liberates libido and genital development can then be completed. Reality-sense goes alongside this full genital

development. Sublimation proceeds from the pre-genital levels. These levels are the omnipotent realms. We do not rid ourselves of omnipotent phantasy. In analysis we bring the infantile omnipotence to consciousness, which means an adaptation of omnipotent phantasy to the possibilities of reality. Accomplishment in reality is one of the defences of the ego in a well-analysed or well-adapted personality. The omnipotence is still there but it has become an ego-adjunct in sublimation; it now supports the ego, and with that unconscious drive the ego finds power and accomplishment in reality, which gives it security. This accomplishment in reality wins the approval of the modified super-ego.

Now in analysis we have to find these defences of the ego in order that we may find how the ego is magically defending itself against danger. We have to bring this system to the light of consciousness and so reveal id wishes and super-ego terrors. What happens then is that those magical gestures and phantastic systems that have no reality value will disappear when brought to consciousness. The magic will turn to art, to science, to medicine, to psycho-analysis, to anything that the native talent of an individual allows.

I will now proceed to detail some of the defence-mechanisms as we meet them actually operating in life and so in analysis. A double bulwark of defence is found in those cases where a reality situation of some difficulty arises. There are always reality situations involved, but here I refer to those of a major type where a patient has ground enough for saying 'It is *this* that makes me ill and unhappy and if this were put right, or if that had not happened, I should be well. It is *this* and not my inner difficulties that are the cause'. We have a double line of defence. Loss of fortune, loss of love or loss by death is the sort of cataclysmic experience to which I refer. In these cases the analyst must accommodate himself to the period of natural mourning through which every normal human being will live. In such cases we must give every validity to pre-conscious expressions as such. To do less, by which I mean to drag in before its time the fact that sorrow may be also an over-compensation for repressed hostility, is to be guilty of an inhumanity that is due to our own unconscious drives for satisfaction. We have seen a 'patient' where we should first have seen a whole human being who is not compact of unconscious only. There comes a time for such interpretation, but not until the mourning has been partially done. Even then the approach to the unconscious must, as always, be in terms of the infantile conflict that has never

been resolved, and which shews itself attached to the latest love-object as it was to the first. The patient must feel that we accept the expressed sorrow and grief as he experiences it. It must be valid pre-conscious expression on its own ground for us, if we hope later to get the patient to accept other factors that will restore his equilibrium and reinstate him in real life again. Only by this attitude are we going to be subtle enough to bring to his notice, without offence, the unconscious factors that have made the pattern of his defence against hostility from infancy, which will include his attitude to the last painful reality experienced. I would now emphasize this latter aspect. We shall finally only help the patient if we do not shrink from this task of analysing defences when the time is ripe for it. When the time of mourning is past, one becomes aware, slowly it may be, that recrudescences of grief are to be seen very clearly linked with those unconscious sources of guilt that are to be accounted for by repressed hostilities. With this awareness analysis of the unconscious can proceed.

A typical defence-mechanism taking a reality course is that of successfully 'making good'. Here again the analyst has a delicate task. One finds a patient sometimes nullifying anxiety the whole time in a practical way, not by suppression of feeling, not by guard over thinking, but by constant deeds of kindness, which form a system of reparation. The 'flight to reality' of which N. Searl has written can bring about results as unfortunate as the flight to phantasy. A magical system can work out in reality terms and yet remain magical. It is in the analysis of the so-called normal person, the lively active vivid participant in life, that one becomes aware of how anxiety is discharged in a multitude of minor ways. One sees that the reality situations themselves carry a phantasy value. To this subject I shall return in the last lecture. On my drawing attention to a well-marked reparation system in the analysis of a normal person, I was appealed to by the patient in these words: 'But for a long time I was unable to do any kindness for anybody. That was surely wrong. Are you suggesting now that it is wrong to think of and do things for others?' An answer here is imperative. One says, 'We are not dealing with a question of right and wrong. We want to know why you were unable to do kindnesses formerly and why now you are driven to do them, and especially why you are unhappy and anxious if your plans are thwarted. You are being driven not by "right" and "wrong" but by fears and anxieties'. When a patient prolongs an account of how he has helped another person, of time and trouble taken to ease and

benefit another, then one looks to find what hidden feelings of guilt are being assuaged, if there are no actual past unkindnesses that have not been recalled. But again one does not convey to the patient that this reparation system is 'nothing but' hostility. That is not true. Love and penitence are there too. Our task is to make conscious the repressed memories and unconscious wishes. We are still caught up by our own super-ego fears if we think, or let a patient think, that thereby he will become a selfish and ruthless person.

A subtler form of this particular defence-mechanism, viz. 'making good', is to be found not in the ego's practical activity in the external world but in an attempt at reformation of character. Patients will sometimes become like obedient children. They are never late, never absent. They seemingly accept interpretations on the analyst's authority. Point out the sexual significances of phantasies, and such patients will then subsequently provide other phantasies of the same kind. Any attempt to get behind this character-reformation defence produces stress for which very often relief is sought outside the analysis. This can take the form of asking for an opinion, seeking advice, consulting a doctor for a minor ailment. The impression given is that of a tractable child who is anxious to do what an authority lays down. How intricately and deeply rooted we can find this defence! One will hear whenever such a patient is constipated that he has taken medicine. One will know whenever a shirt is slightly soiled, and will learn why a clean one has not been put on, and when it will be put on. One will know the state of the house drains and that the sanitary inspector has been called in. One hears that the housemaid left some dust on the hall-stand but she has been reprimanded; one is told that though the bath-water was nearly cold, the patient nevertheless took a bath. The reformation scheme is in full swing. The patient is busy and safe in being a reformed character. The patient is telling one all the time 'I am not the person I once was. I am quite different'. This constant magic of reformation is the block to memory, is a defence against a feeling of guilt. We do not get far by speaking to the patient of reaction-formations. The words carry no weight. 'I'd like to get a cloth and rub all the marks off your dirty windows', said a patient. The sadistic glee in the voice, the context of the hour, made it quite plain that the reaction-formation is in the nature of the return of the repressed impulse. So that when the patient is constantly conveying to us that this reformation in character has taken place, we must not hope to analyse by speaking of reaction-formations. We have to

demonstrate that the same impulses are discernible in the reformations as before it, that obedience has in it the same factors as disobedience—that black is white and white black. We have to point out that anxiety is being allayed by this system of goodness and obedience. Such patients as a rule eschew being childish, eschew having childish phantasies and behaving childishly. They dislike childishness in other people. They forget their own childhood. By all those signs one judges of the immense defence they are putting against their own childishness. The impression such a patient gives is that of a very little child who is behaving like an adult, or rather as a child thinks it ought to behave to pass as an adult. The truth is that such a patient will only become adult when he has permitted himself to become a child again, and to permit this we have not only to uncover anxiety but to make it possible for anxiety to be borne. Where half a lifetime has been spent in forging these supports of reaction-formation against danger, we shall not expect to find the conventionally good character change rapidly, or sublimation of direct impulses to follow in a short time. It is this type of patient who will indulge in phantasies of 'after analysis is over'; and more often than not what will emerge from a phantasy of 'after analysis' is some camouflaged indulgence of an id wish. It is like a child saying 'I'll do what I like when I'm grown up', and this 'what I like' is the indulgence of a forbidden thing; this means that the adult appears good to the child but is, of course, only a hypocrite. The secret life that is hidden is wicked, but permissible if hidden, and that is exactly the drama the patient is enacting.

Another system which alternates with this is that of conveying to the analyst the impression that the adult patient is only a small child. It is done by deft touches, and very slowly the most elusive patient will build up this picture. It is done unconsciously but with all the artistry of the unconscious, and it is done to cut the ground from under the analyst's feet. One hears that the patient has eaten a little meal or a little drink has been taken in the night. Another day the patient has had a very small evacuation of the bowels. Another time one hears a complaint that a window could not be opened, it was too heavy for small hands. The boot-maker has no shoes small enough for the little feet. The patient will decry any importance being attached to something that has been done because it is so insignificant. There will be a basis of reality perhaps in the allusions to feet and hands, but the artistry is in the reference to them. One is being told 'See I am so small, so tiny, so helpless'. It is unconsciously intended to quieten

and to allay the analyst's suspicions. Under that plea of smallness lie the omnipotent phantasies that are so potent and powerful that safety is only possible while assurance is being given that the patient is only a little child.

Another successful defence is that of forestalling expected criticism. The patient himself will censure his conduct at the present moment, or blame himself for childish traits. If psycho-analytical terminology is known, criticism proceeds in analytical terms. A phantasy is told and then the patient adds: 'I know that is sadistic of me; I know that is very anal in its purport'. As skill is acquired the patient offers some interpretation of a dream, with a critical remark upon the unconscious wishes hidden in it. I have known much insight to be shown concerning the unconscious in a case where this particular defence was prominent; but insight did not bring about psychological changes, just for the very reason that anxiety was being carefully fenced off and drained in other directions quite obscure to the patient and only found with difficulty by the analyst. The way of procedure here, once one is assured of this defence, is to ask the patient to forego the explanation, to forego criticising actions and thoughts. What the patient has to do is to expose himself to the fear of criticism and not to forestall what he believes is inevitable. This really feels like a danger, and will be sooner or later a source of discomfort to the patient and the path opens before the analyst to track the discomfort to the deeper-lying anxiety which it implies. Instead of forestalling expected criticism anxiety can take the form of conducting the analysis. This is often done by those who are very seriously anxious to do the analytical task thoroughly. They wish to leave no stone unturned, to do their utmost to reach their difficulties. Let the analyst, for instance, say once 'Well, go back to the dream here, it might help', such a patient follows this cue on a subsequent occasion. He will come to a halt in talking and then say, 'Well, let me go back to the dream now'. A patient will forcibly wrest his thinking from one theme to another. 'We have not got the meaning of such and such a part of the dream'. We must recognize in these attempts to control the analysis the urgency of anxiety and not give it any other explanation. It is the unknown, the loss of control, the patient fears; and it is all part of the analytical task to make it possible for the patient to give up controlling and directing his thinking.

Another attempt to allay anxiety is to be found when a patient is constantly concerned with wondering if the analyst knows such and

such a thing. The patient is unconscious of the real purport of this wondering. The questions are far too subtly manipulated to be mere curiosity, if there is such a thing as mere curiosity. Over a length of time the analyst must determine the meaning. Now it is in reference to a book. 'I wonder if you have read this book', or 'I wonder if you have heard of such and such a custom' or later 'if you know anything of cars, you will know of course so and so'. Then again, 'I don't suppose you know so and so'. One sees here every variation of this struggle. 'Do you know?' 'If you know this, you will understand what I am referring to'. 'I don't suppose you know'. The patient wants to know *if one knows*. But it is none of these things in consciousness that he wants to know if one knows. I would not leave unanswered all questions. On one occasion I asked a patient to change his time to oblige me. He did so willingly. The next hour he said 'I wonder why you wanted to change my time, I wonder'. I then told him why. I did this not to stop the wondering but to give him a reality for a cause of action and to remove myself from the realm of the omnipotent arbitrary gods, to bring in fact some support to the ego in facing the unconscious phantasies that something dire and terrible would one day happen. As a child he wished he had been through a fire and earthquake and shipwreck, when he would *know* he could bear it. When he keeps on asking 'Do you know?' he is really asking me 'Do you know what will happen?' 'Can you foresee the future?'

There is another defence-mechanism which I have found difficult and needing all one's ingenuity in technique. There are personalities which by reason of their charm and humour and thoughtfulness for others disarm opposition. They gain affection and alliances of love and service all round them, wherever they may be. One finds that that charm often flowers out of anxiety. Such people have usually an intuitive way of finding the soft heart beneath uncompromising exteriors. They find a way somehow of orientating themselves very subtly to anyone with whom they have to deal. If not their charm, nor their humour, nor their fancies bring this about, then suffering may. If suffering displayed does not, then suffering borne with a smile and fortitude may. Analysis brings us face to face with the fact that it is at the ego's expense that their swift intuition works. They become unhappy and uncomfortable unless they are assured of love and acceptance, and this necessity will cause them often to deviate from courses that are to the ego's real advantage in the external world. They differ

very greatly from the obedient type to which I referred where the strong infantile super-ego impairs elasticity and powers of development. Here is abundant elasticity and power of development, but the orientation is determined by the loved and feared object in the external world. The exigencies of anxiety are such that the ego's power of criticism and evaluation becomes lost when such a person selects objects of love and fear. The difficulty in analysis lies in the unconscious appeals made to interest and capture the analyst's attention. These appeals are in no way different from those employed to disarm an irate father, which made him laugh instead of being angry, and ended by his kissing his child. They have captured a severe tutor, softened an examiner's heart and made customs officers relent. The whole artillery is brought out in analysis, and this will bewilder by reason of its wealth and liveliness and interest, not by stubbornness and dryness. By one's movements, one's words, one's clothes, the tone of one's voice this type of patient will know all there is to be gathered about one from these betraying things, and the analyst who has a pose to maintain and pretends to know when he does not will finally be outwitted, though this is true of many patients. I know of no way with a patient like this but the analyst's clear hold on the anxiety, and a determination to seek it out through all the labyrinths that the patient will lead him. There are guiding posts. One may be quite sure where a patient has acquired such power in dealing with other people that genital development is partially established; secondly that some kind of external situation in childhood has caused real anxiety; and thirdly, that this situation has never been overcome and regression to earlier phases of development has taken place. Dramatization will frequently occur within such an analysis. The work consists of getting behind the scenes that *are* being staged to those which preceded them. I mean there is a repetition of certain scenes in a drama as though they were the whole story. We have to get the earlier ones to understand the enacted ones and it is against the earlier ones that all the defences are directed. The patient is alleviating anxiety all the time in dramatization. We have to work for the recollection upon which depends resolution of anxiety.

Then there is the defence system of the patient who feels himself to be a fool. He is generally a person of considerable intellectual attainment, but he does not entirely believe it. He is inhibited from making full use of his gifts. It takes a whole analysis to understand all the causes of this inhibition. The analysis will be marked by a period of

advance and then succeeded by a period of blindness when every scrap of insight is lost. The patient is then overcome by despair at not understanding. He really feels a fool to himself. One has to remember he *feels* like that. Moreover he can do more than feel it. He can so act as to make others, if they are not far-seeing, almost believe that he is a fool. He can ask questions or give replies that are calculated to prove that he is a fool. While he feels a fool to himself temporarily, he has gained his main unconscious object if he has led someone to think he is a fool. Then he has really fooled the other person, as Hamlet would say, 'to the top of his bent'. Like Hamlet, he puts 'an antic disposition on', not purposely, but of necessity; and one will not get to the heart of his mystery by any short cut, by any active therapy, by any ruse, by nothing in fact but by a patience longer than his and a knowledge that his fooling and emotional blindness is rooted deep in earliest childhood where some reality, due to his own unconscious phantasies, was too terrible to believe. He knows, but he dare not believe it. Reality is not real; it must not be real. One has got to work back both to the denied reality as well as to the earliest phantasies to understand that reiterated 'I don't see. I don't understand. I don't know what you mean'. All through an analysis of this type one must be alive to the idea that the one person who is to be fooled is the analyst. But if the analyst is not fooled, the patient will finally realize that there is no need for him to fool himself either. It is the wise man who can play the fool. This defence-mechanism is really another variant of 'I am so little, you have nothing to fear'. Here it is 'I am a fool, I have no power. I am in your power'. A patient of this type will often lie the hour through as if he or she were dead, indeed will sometimes draw attention to the corpse-like attitude. It is the extremity of anxiety, a feigning of death to escape death, and we are wise to let anxiety be alleviated in this way for some time before we interfere, indeed until we can conclusively prove our statements.

All these defence-mechanisms against anxiety have a magical basis. Some work out as adaptations in reality, have reality values, such as the ability to maintain pleasurable relationships with people and doing services for them. But in this last one we see the magical omnipotence more clearly. We can find magic at work under seemingly ordinary behaviour as well as extraordinary. To find this is always to have opened a way of analysing anxiety; to fail to find omnipotent gestures is to lose a way of analysing it. For instance, a person of my acquaintance had quite a magical way of restoring a sense of well-

being. She would take a bath during the afternoon. Analysis revealed an incident in childhood when she covered herself and the furniture with stickphast paste and so provoked her father's anger. Then she was bathed and cleanly dressed and her father kissed her. In middle age an afternoon bath still resolved anxiety and life became cheerful again.

The fear and anxiety concerning unconscious sadistic phantasies produces some characteristic methods of behaviour in some patients. In paranoia we deal with a definite abnormal defence. But these patients to whom I refer find a channel of reality instead of delusion. They do their utmost, deftly as a rule, to get the analyst to talk in order to provoke an argument. Then they become fighters and defend another point of view. The analyst is proved to be wrong. In this situation the patients defend themselves against the anxiety of their own unconscious aggressiveness. They only feel safe when they are fighting and when they can lay the blame on a person in the external world for provoking the quarrel. What they must defend themselves from is the knowledge that *they* are the aggressors. Hence the constant attempt to make the analyst the provocateur. Some patients of this type will very subtly fasten upon any trifling cause of grievance such as an occasional being kept waiting, a change of hour, any slip of the tongue the analyst may make. These things are exploited to the uttermost. The cry is 'These things are real; they are your real errors'. We may say without exception that patients like these are clinging to reality causes of their opposition and criticism, because they have yet to face their own unconscious phantasies of aggression which have had no provocation in reality.

Another difficulty in reaching and analysing anxiety occurs with those patients who are capable of satisfactory sexual intercourse as far as physical potency and enjoyment is concerned. Psychical ease may be absent. A certain freedom of libido has been achieved on the genital level, but psychical development lags behind. I have found in married people and in lovers undergoing analysis that intercourse has very frequently occurred exactly at a time when, in the case of the man, the unconscious hostility to the woman has been gathering anxiety and, in the case of the woman, when her unconscious hostility to the man has been doing likewise. What has then happened is that the anxiety has been discharged in a sexual satisfaction, as though the anxiety of hostility could only be relieved by the assurance of actual physical love. Perhaps this is the meaning of the circumstance that

so many people remain together who disagree and fight by day and reconcile themselves by night. We have here a solvent of anxiety that again appears in a natural reality-setting, accompanied as it is by a degree of normal development. It may very well happen that we shall not really analyse the anxiety except during periods of abstinence ; and for these to be undertaken it will be necessary for the patient to find them worth while for an ultimate goal, and it will be necessary for the analyst to make conclusively clear to the patient the discharge of anxiety in intercourse in relation to the repressed hostility.

One could multiply indefinitely the defence-methods against anxiety. I leave the abnormal ones until a later lecture ; but before I close I would like to refer to the type of mind that has made a very secure defence against anxiety by intellectual equipment and a development of severe logical processes of mind, so that the seemingly haphazard method of the analytical process is alien and repugnant and it is long before any reconciliation to it is made. Such patients persist in their abstractions, their intellectualization. Words, ideas, are their medium, their stand-by, their defence. We must then listen to their words, and remember that every abstract idea must in the course of any individual development have been preceded by a concrete thing. We have to make the bridge between the concrete and abstract, not arbitrarily, for that will not carry any weight, but by gradually reaching childhood and the buried phantasy-life. Sometimes it is visual imagery that has been severely repressed, and by some means we have to set it free. Sometimes it is auditory experiences allied with phantasy that is the key. Here is a typical example. A patient talks abstractions for half an hour. He gradually begins to play with words. This play I do not interrupt, until he says, ' It seems foolish to keep on finding words to resemble the word " century ". I've thought now of sentry, sentry boiler. I must stop this kind of associating ; it is bulking too largely in my mind '. I now intervene and say ' You need not stop at that interesting place. Just switch over from the word to the thing, this sentry boiler which is bulking too largely in your mind '. He laughs, but goes on. He thinks of a little model lavatory which the day before seemed to get smaller as he thought of it. He thinks of Alice in Wonderland getting smaller and smaller and bigger and bigger so that she could get into places. Then he says, ' My dream is coming back, bit by bit. I was in a room and the whole place was covered with holly, all the walls '. He thinks of Christmas, Christmas presents, Christmas morning and climbing into his mother's bed. He thinks of

the Christ child born on Christmas Day. Holly suggests holy, the Holy child; but there is also 'whole' which means 'entire', and there is 'hole' meaning broken, not entire. This analysis takes place in the last quarter of an hour and it is so far good, but it reveals another subtle defence which will not be worked through for a long time to come. It is given in the words 'the dream comes back bit by bit'. From those 'bits' he puts together a room fully decorated in holly. The patient interprets unconscious significances of symbols in dreams with insight. Then he says, 'But it seems too easy, too facile, the way I put things together'. On other occasions he says, 'It's so neat, I feel it is all wrong'. What feels wrong to the patient is the putting together, the neatness, the building up 'bit by bit'. But that is the rightness. We shall only reach anxiety via the wrongness of untidiness, of pulling things apart, of undoing things bit by bit. Anxiety is annulled by a presentation of the opposite. This is a case where recovery of affect is the important thing, not the clarity of insight.

To return to the words and phrases that the intellectualist uses. The following are a few that will keep one close to the underlying problems: 'a clear-cut argument', 'a free flow of ideas', 'gaps in reasoning', 'a bad impression left behind', 'a sexual flavour', 'a difficulty in getting ideas out', 'a blind feeling', 'badly brought up', 'well brought up', 'nothing in my mind', 'analysis has not altered me', 'how will analysis change me?' 'how does analysis work?'

Our agility in shedding usage and custom that lie upon us with a weight—'heavy as frost and deep almost as life'—will help us to get through this sterile crystallization to the vivid and colourful life of childhood and the dynamics of the unconscious and so make articulate those emotions that are frozen.

I will also mention sneezing and coughing and violent blowing of the nose. On the one hand, there are causes for them in reality. We can accept those, but in the analyst's mind there should be a searching attitude. The infant can control omnipotently, or wish hostility, by the first physical things it can do. There may be a manifestation of unconscious stress in the physical things permissible in analysis. Analysts may sneeze or cough. We too may be resorting to some omnipotent method in an unconscious problem. I find variations of voice an indication as to the varying conflicts going on. There is the voice that unconsciously takes on a childhood tone, the voice dropped to a whisper, the voice increasing in volume, there is the intonation of the ritualist. In voice changes one finds very surely a link with

magical thoughts. It is worth pointing out that whenever a patient presents us with an over-emphasis of one interest, one affect, we must expect to find a corresponding one repressed, i.e. marked anal interests accessible in consciousness means urethral interests inaccessible; masochism accessible, then sadism defended.

A brief summary of the defences detailed :—

(a) Nullification of anxiety in reality; reparation systems. Cancelling out instead of remembrance of the past.

(b) Cancelling out by magical gestures that yet have reality value.

(c) Reformation of character instead of remembrance of the past.

(d) Forestalling criticism by self-criticism.

(e) Controlling the analysis.

(f) By presenting the self as little, powerless, inferior, as a defence against the unconscious omnipotent phantasies which cause anxiety.

(g) By projection of hostility on to the analyst, via provoking argument, or by exploiting any error made by the analyst.

(h) By intellectualization. The clue here is to search for the concrete represented by the abstract.

In our attempt to understand and resolve resistances we shall not accept sexual potency as proof of psychical genital development. We shall equate a close clinging to reality with dread of phantasy and an avoidance of reality with prolific phantasy. A clinging to childhood memories is to be equated with avoidance of the present time, and absorption in the present with avoidance of the past. We shall seek for visual imagery and the concrete things when a patient talks abstractions. We shall treat resistances, not as specifically against analysis but, as they truly are, defences the psyche has evolved in its attempt to reconcile the claims of the id and the super-ego in a world of reality.

IV

THE DYNAMICS OF THE METHOD—THE TRANSFERENCE

The crux of our technique lies in our dealing with transference. Upon our ability to deal with it depends the measure of success or failure that we experience in achieving our analytical goal. We may fail at times to give correct interpretations of unconscious material. We can correct our mistakes as further material emerges that puts us on the right track. We may miss opportunities of interpretation; they will occur again. This type of omission or error is not vital and not vital for this reason: we can only get to our goal by a very slow and intricate

method. We cannot command the unconscious ; we cannot browbeat resistances. We get our picture of the psychical disturbances in odd and isolated fragments which we have to put together as we go along, and small wonder if at times we put a piece we rescue into a too prominent place, or find later that what we passed over as insignificant must be put in a high light. But we may rest assured that mistakes of this type will never wreck an analysis. We can with surety say, ' This shows that the interpretation yesterday was incorrect, we now get this information to help us '. Interpretation of dream-material particularly matters sometimes more for the analyst's narcissism than for the patient's progress ; indeed, if progress depended upon dream-interpretation we should have more success than we get. A thing we can depend upon is that the patient will tell us correct news of the unconscious problems if we can deal with resistance. These problems will gradually reveal themselves ; we need not search for them. The only thing we have to search for is the means of resolving the resistances. The rest follows. The failure to deal with defences over a long period means the end of the analysis. A gross mistake in dealing with them means a blocking of analysis.

The ability to deal with defences depends upon the recognition of transference and a technique to deal with it. So that a failure in handling transference is really the only mistake that is vital to analytical work. Any other mistake can be remedied, but errors in the handling of transference are not easy to make good.

The first thing that is necessary in this task is to have a wide and deep enough conception of what transference means. That we need to have a wide and deep conception is at once seen by the fact that the word ' transference ' carries with it a narrow positive import. It has become the stock-in-trade of a popular psychological phraseology. A person is said ' to have a transference ', meaning thereby that the person is in love. It is the popular idea of the psycho-analytical method. One has heard it expressed as ' one has got to fall in love with the analyst '. The popular idea does not yet go as far as ' one has got to hate the analyst '. For psycho-analysts the terms negative and positive transference are rough and ready phrases that may describe the affects felt by a patient at given times. But if transference is going to be the leverage by which we work through defences to the repressed unconscious our conception must go beyond the ideas of negative and positive transference. I would remind you of the unconscious dramatization that one would wish to play itself out in

an analysis, of the different rôles that become accessible if this dramatization occurs.

'Transference' begins with the first analytical session, whether the patient be neurotic or so-called normal, just because everyone has thoughts about another human being when brought into close contact. Outside the analytical room our thoughts about other people are never, even to the most intimate, fully expressed. We base our liking and disliking upon a private code of our own, and one individual known, even very intimately, to a number of people will produce a different conception to each one.

In analysis, through the specially conditioned contact, we have potentially the freest field for phantasy concerning the analyst. To keep this field free for phantasy is the patient's right. That is why we exclude contacts in reality and why it is inadvisable to analyse a person whom we have known previously in reality. The phantasy-free situation in analysis is necessary for the projection of the patient's own thoughts and feelings on to and into the analyst. But just as it is necessary for the patient not to have his phantasy-life in analysis blurred by actual knowledge of the analyst in reality, it is equally necessary for the analyst in his work with the patient. For if we have met the patient in a social environment we have already, according to our own set of values and our own likes and dislikes, made up some private conception of the person. He fits into a reality of our own, and our reality is a very partial and selective affair. Our business with the patient is to analyse his unconscious mind. From the first hour the patient will have thoughts and opinions about the analyst as in ordinary contacts, but the very fact of a phantasy-situation, the detachedness and isolation of the hour, the unknownness of the analyst, activates phantasy; and this, with the stimulus of dream-life and recollections of the past, brings about a very special relationship with the analyst. This relationship is the transference. In the unfolding drama of the patient's life the one to whom it is told must of necessity become a part of it, must be thought of as now sympathetic, now condemning, now indifferent. It begins like that, but it continues more intricately and more momentously. The analyst is caught up in the unfolding story. The patient is going to repeat his history again with regard to his actual parents; actual occurrences are going to be lived through, with the emotional affect re-lived towards the analyst, eventually in the rôle of mother and father, brothers and sisters. The unknown experience for the patient will be the coming to consciousness of affects and uncon-

scious wishes with regard to the original figures, these wishes being made conscious with regard to the analyst. Not only are the *actual* parental figures going to be projected on to the analyst, but the phantastic and inhuman infantile primal figures will be imposed on the analyst. Nor is this the whole of the drama. In the patient's personality there are the conflicts of the id, ego, and super-ego, and these rôles will be distributed too. The analyst will represent id as against the super-ego of the patient; at other times, super-ego against the patient's id; sometimes the analyst will figure as the patient's ego. Patient and analyst will sometimes be in alliance against parental figures, or one parent will be in opposition to another. Transference is this ever-shifting interchange of rôles in the present or past life of reality or the phantasy-life of super-ego, ego, id, played out with the analyst on whom some one of these rôles is constantly being thrust. The affects will be the whole gamut of emotional life, if we succeed in helping the patient to externalize his inner drama. Our ability to deal with transference in this wide conception of it depends upon our insight into the shifting rôles we are playing in the patient's phantasy-life, and our bringing this to consciousness clearly and adequately. Analysing the transference is not a separate task. It is the task. From the beginning to the end we must search for the rôle, for the situation into which we are being placed. It does nothing dynamically to point out that a patient has a negative or positive transference to the analyst. What have the words 'transference', 'negative', 'positive', to do with childhood's life? Love, hate, horror, disgust, guiltiness, fear, distrust, need for support, shame, repentance, pride, desire, condemnation, *do* convey meaning. They have sense for us; but what is 'transference' as an explanation of what we feel?

The analyst, if he is to deal with this projection on to himself of these varying rôles, must be alive to the dynamics of the situation in which he is placed. First he accepts what is projected on to him. Then he finds out what rôle this is. Is it linked with an actual occurrence? Is it a repetition of a real childhood situation? And if so, is the analyst father, mother, brother, sister? Is the rôle due to the patient's projection of super-ego, ego, or id? Again, what *external* reality has been the stimulus of this projection of the passing hour? How has this stimulus activated the pattern of reaction that has been crystallized out of old conflicts?

The analysis of transference means these three things:—

- (1) Finding the rôle the analyst is playing.

(2) Illuminating the past, both real and phantastic, in terms of the re-living in the analysis and in the present-day conflicts.

(3) Bringing to light, via the projections on the analyst, the three forces : id, ego, super-ego.

The analyst represents phantasy according to his power to tolerate the projections, according to his power to evoke projections. He then helps the patient to reach reality by being able to explain why these projections occur, by bringing to light the feared unconscious wishes. Our very ability to interpret the feared thought or wish is the proof that we are not afraid, and that is the means by which the patient finally becomes unafraid. One must remember, though, that it takes time for the projections to be put on the analyst and more time still for the patient to express them. We must always take the time factor into account and have patience.

It is in connection with this aspect of analysis that the depth of the analyst's own analysis counts most. Therapeutic results and true scientific findings hang upon this. If we are afraid of transference, the discharge of affects due to obscure causes, we shall be blind to evidences of them ; and the blindness to hostile or loving attitudes can lead to a stultification of the analysis, even if it does not have more dramatic results, such as extreme anxiety, or a termination of the analysis. We may recognize hostility and fail to see compensating reactions, grief, reparation, which are affects of love. We may recognize the latter and not recognize hate. We may see the mother and sister projections and fail to see the father and brother, and vice versa. The predominantly male analyst may not be fully alive to the dynamics of a strong fixation to the mother's breast in a woman patient. His goal is easily heterosexuality ; her goal may only with extreme difficulty be heterosexuality. A woman analyst whose masochism is plus will have difficulty in recognizing the male rôles thrust upon her, and so on. The analyst needs to be alive to these blind spots in himself.

There is another necessity in this task of analysing transference rôles. We accept the rôles in order to analyse them, but we cannot analyse them if unconsciously any rôle becomes psychically our own. If we react sadistically to the patient's masochism, or masochistically to the patient's sadism ; if to the call of the id we become super-ego, and if, finally, which means ultimate breakdown of analysis, we accept the child's longing for fulfilment with a father or mother substitute and deviate into reality courses, the analyst is not true to reality, and the patient's sore need to achieve ego-development is not accomplished.

We must stand firmly for the patient where two worlds meet. We must be able to demonstrate that all that is put upon us is the last link of a long chain going back unbroken to childhood and infancy, and, when we can see completed the pattern made by unconscious stress and outer environment, that it is predetermined and logical. We only hold the thread while the patient unwinds, until he has led us all the way and back again, and then we give it back to him. It is not ours but his. No analyst does this without establishing a transference to the patient. We must recognize that the test here should be the nature of the gratification we enjoy and desire. If every bit of analysis, every step towards the patient's ultimate freedom and power of using his gifts and leading a full life brings us satisfaction, and if failure does not depress us, then our transference is healthy. If we are caught up with discomfort, or find personal satisfaction in the patient's affects, then all is not well. We need not be afraid of experiencing affects from time to time. A patient whose life-long reactions have been obstinacy, querulousness, hostility, will not respond for a long time with any other type of affect. We are human. If we know we are reacting, if we are fully conscious of the reasons why one or other type of reaction a patient displays causes us discomfort, then we are saved from any kind of actual response by this very awareness. I always make it imperative myself, if a patient appears in my dreams, to analyse those dreams in order to find out exactly what person in my past, or what aspect of myself, the patient momentarily is representing, and on such days I should be wary of giving much interpretation to the particular patient.

I am going to give you a series of different types of transference phenomena. I cannot do anything but select them in the hope that the variety may bring within their scope some of your own difficulties. I will select two from the class who dramatize their anxiety, in whom we may be quite sure that actual occurrences are being re-staged again and again. That re-enacting means that the psyche is forever trying the same way to overcome an unconscious problem connected with the event. What we need to find out, in order that this futile repetition may be resolved, are (1) the buried memories and (2) the unconscious factors.

Here is one. Quite early in his analysis a man patient lies down one day on the couch and complains of headache. He then takes out a red silk handkerchief, folds it into a bandage and puts it over his eyes round to the back of his head and ties it securely. He lies so the rest of the hour.

The first thing to grasp is that he is acting out something. Secondly

he is acting out for the analyst. It is a transference phenomenon. Occurring early in analysis, one has little data as yet. One does not jump to any conclusion, save the cardinal ones of re-enacting and transference. At an opportune moment one may draw his attention to what he has done, not as a major interest, not as though it were anything of great importance, or one may stop him from acting and one does not want to do that yet. There is much one will not learn on this occasion, so one does not make him too aware. 'Is the headache helped that way?' I said in a casual voice. 'Yes', he replied, 'I always do it; I tie it very tightly and lie quietly with my eyes closed'. He is sad and subdued the whole hour and one gets little else but a recurrent theme of suffering. Then we infer that for some reason he is acting (though his head *really* aches) for the analyst. His rôle is that of sufferer. This means the analyst is figuring in some unconscious phantasy, fulfilling some rôle which demands that the patient shall show he is ill. I leave it at that. I know I have not said enough to stop this enactment recurring. A month later he repeats the action. This time during the hour he informs me that his wife is menstruating. At that point I interpret and say, 'Don't you think your bandage has some meaning you did not think of last time?' He thinks it is like a sanitary towel, especially as it is red. Then I make a transference interpretation but I do not call it transference. I simply say, 'I wonder why you have to tell me that you are bleeding'.

'Well', he says, 'I suppose you will be sorry for me if you see I am ill'.

'For whom did you act being ill when you were young?'

'Oh, both of them, father and mother. They would be kind if I was injured'. Then he remembers when he was four years of age going into his father's dressing-room, finding the razor and pretending to shave himself as his father did. He cut himself and then went into his father's bedroom. Both parents jumped out of bed in alarm and attended to him.

You will grasp something of the psychological story underlying all this and the ultimate meaning of what appeared in the first place as a feminine identification. I give it as an example of how to approach the subject of transference, i.e. the acting is done for the analyst. The analyst's task is to find out what is being done, why it is done and what rôle the analyst is being made to play in a scene that occurred actually, and finally what unconscious wishes have got crystallized around that episode.

The next example is easy enough at first sight. A patient begins to be agitated. It is because of something green she has seen. She gets uneasy on the couch and thinks the door is opening. She remembers the door opening in childhood when her mother came into the nursery in a green dressing-gown and proceeded to give her an enema. The patient gets more agitated and cannot stay on the couch, and walks as far away as possible. In this case one can only give a partial interpretation, for much is not known. I do not talk of transference. I say, 'You are re-enacting that scene, but acting it differently. I am now your mother. You remove yourself as far as you can. That's what you are doing to me'.

This scene is a demonstration that the analyst is playing the mother-rôle, but the meaning of the constipation must be left at this juncture. Before the end of this hour the patient is singing to herself softly. She remembers an incident when she made her father angry and he sent her out of the room. As she went away, down the stairs, she sang this same air, to his exceeding annoyance because it meant defiance of him. Here, one interprets at once the change of rôles that has occurred. One says, 'Then the singing is a defiance, once of your father, now re-enacted. I must now mean your father and the defiance is against me. But we don't know yet what you are being defiant about'. This shift of rôles after an interpretation has been given is important. These examples illustrate analysis in progress where one is gradually sorting out the situations with regard to the parents, both actual and in unconscious phantasy. A transference-repetition connects the analyst with the prototype. A transference-interpretation will include both, not one alone, and a full interpretation means that a new unknown situation will then develop.

These are fairly obvious examples. Take the more difficult one where thoughts about the analyst are avoided, where anxiety about hostility is side-tracked by transferring it outside the analysis. It is in cases like this that the analyst must seek for every opportunity of finding a link that will bring external and analytical worlds together. As for example, a patient says:

'I object to his coming to lunch as if he had a right, and not asking my permission'. A little later she says, 'I don't know why the maid left the electric light burning, waste of my money'. Later on she remarks, 'I feel so empty'.

In an obscure hour those three remarks give the only clue, but they are clue enough. She has a house and food and her cousin comes there

as if he had a right. That makes her angry. She can protest. She has electric light and the maid uses it and wastes her money. That makes her angry. She can protest and ask the maid to be careful. Note that here you have reality-situations with which she can deal, and she gets an appropriate discharge of anger; but she feels no affects with regard to the analyst. Why not? Why must indignation be transferred to people in the external world? Because in real situations her anger is justifiable. Her substance is actually being used by others, and they have no right to use her thus. She is right in her annoyance. It is in phantasy that this patient's real anxiety is anchored. She has one transference expression, 'I feel so empty'. The indignation she feels at being used and wasted by others runs in line with her fear that, as she wished to use up her mother, then the same fate will be hers. She says, 'I feel so empty'. She is telling me that she has nothing and therefore has taken nothing. Therefore there is nothing I can take from her. Note that the analyst, by virtue of the two associations to cousin and maid, is in the double rôle of father and mother. A transference-interpretation brings us a step along the road. To bring any dynamic result you will see that we need:—

(1) Memories of phantasies or childhood acts that prove the hostile wishes against both parents.

(2) In relation to the analyst to find some wish to deprive the analyst of something, some covetous wish regarding the analyst which will be the equivalent of what the child wished to take from the parent.

The transference situation is always a difficulty in a case of this type. The greater the clinging to reality for discharge of affect, the more sure we may be that anxiety is bound up with phantasy. Consequently the unreality of the analytical hour means that energies are often used in the service of the super-ego and the subtlety of this use of analysis is amazing. Give such a patient a hint, for instance, that constantly taking aperients is indicative that we have some important work to do with regard to this necessity and immediately the aperients will be stopped, as the patient will say, 'For the good of the analysis'. If one points out that there has been a severe repression of masturbation, then masturbation is done deliberately 'for the good of the analysis'. Then if the patient reads that abstinence is better for analysis it will cease. The desire to do the analysis well, the wish to get a cue, a leading, makes the analytical work an extension of super-ego activity which thwarts a therapeutic result the whole time. The analyst represents to the patient's unconscious the same arbitrary

vindictiveness that the infant felt in the oral phases of development. The patient's obedience, the terror of not having a rule to follow, is the effort to placate this monster. The analyst's task is by some means to get the feared sadistic wishes expressed, and only then will the transference change to something more human—the analyst human and consequently the patient. Whenever a patient is occupied during an hour in condemning the doings and behaviour of others, their speech, clothes, morals, manners, and the more certainly if the patient is passing a fair judgment, then one may conclude that this is offered to the analyst to secure the analyst's approval of the patient's disapproval of such things. Super-ego propitiation is offered to super-ego. On such occasions we have to be aware of any hints given in dreams or by associations that the realities condemned represent repressed unconscious wishes.

There are two situations that may develop rapidly at the beginning of analysis that require delicate handling or analysis will be thwarted. The first is the development of an overwhelming positive love-attitude which is expressed in vehement assertions of admiration and adoration. I have never found this occur except where hostility was so great and so feared that the only thing the psyche could do was to compensate for it in this manner. The task here, while rebuff and a too sudden pricking of the bubble would be fatal, is not to delay reaching interpretation of hostile thoughts having reference to the analyst. If this is not done soon enough a patient with a strong super-ego will make an excuse on some pretext or other of breaking off the analysis because of being unable to face the unconscious hostility.

The other situation is that of an immediate hostile transference. If this is articulate, of course the analysis has a good chance of success with the difficult work in the first stages. I am referring rather to the type of hostility which is at once obvious to the analyst but not articulate on the part of the patient. The difficulty comes in such cases through the patient's being unconscious of his hostile thoughts. One cannot say to a new patient as one can to someone further advanced, 'Are you not suppressing some thought about me?' To a new patient of a negativistic nature such a remark would but increase the hostility which he feels, but does not know as yet as hostility, nor why he should feel it. One cannot interpret without giving reasons. To a new patient such interpretations sound like accusations.

I will give you an example of an analysis beginning with hostility and shew how the patient gradually was eased and at last reached a stage where analysis was possible. A woman patient started her

analysis by constant arguments about the impossibility of saying what came into her mind. There was no difficulty about the telling of sexual episodes. She had made the modern intellectual rationalization of non-repression. The trouble she experienced was that 'of having to think a thing out first and then of having to go back to the beginning of the train of thought and repeating it aloud'. 'When this was done' she said, 'the whole thing changed. It was different in speech from what it had been in thought'. This meant that the analyst did not really know what was in her mind. This was only one of the many arguments to prove the impossibility of giving 'free' associations. Every day there was a fresh argument, and every day one knew by many signs that the patient's unconscious hostility was getting unbearable, and that if one did not soon help her to express this the analysis would stop. The patient finally gave me a cue. She said,

'I believe this position makes me a difficulty'.

'How could you talk freely then?'

'If I were walking'. I gave the patient permission to walk. She paced the room for an hour, talking rapidly. This continued for a week or more. During that time she revealed by dreams that the first rôle assigned to me was that of an avenging terrifying mother. The patient had been severely punished in early childhood for loss of sphincter control. This control had subsequently been attained. Its sublimation was to be seen in the severe logical thought processes and an inability to speak without thinking. The patient's anxiety was raised to an unbearable degree by the recumbent position. One was asking her, in this demand for free association, *to lose control*. If I had done nothing but say 'This is resistance' the analysis would have foundered. Something had to be done in order to lessen anxiety and to understand what it was about. In this case the understanding came through allowing the patient to keep control by walking about. The analysis during this period of a week brought enough relief of anxiety to allow of continuance of the work in the usual recumbent position.

Transference-inferences are to be drawn when the patient makes a reference to the room, or anything in the analytical room. I do not myself make an immediate interpretation of that and say at once 'You are thinking of the analyst'. I wait until I know the purport of that thinking, what infantile phantasy, wish, or fear is being experienced. I do not drag a transference-interpretation into every hour, nor out of every dream. I search for suppression, or unconsciousness of thoughts with regard to the analyst when the analysis

is blocked. When it is moving freely with new phantasy or memory material, one can make transference-interpretations alongside; but the main thing at these times is the material which has become available through transference leverage. If such details as changes of furniture, fresh flowers, dead flowers not removed, clean curtains, changed covers, are not openly referred to I keep a watchful attitude for dream references or any unconscious manifestation that they have been noticed. The monthly account rendered is generally a sure and certain stimulus for some type of reaction and a chance of linking the analyst with the parental figures in some way.

Where a patient is grappling with a deep-seated denial of a bit of reality I come to his aid in connection with certain transference-manifestations. Take for example the type of patient who to keep at bay castration-fears has had to say, 'It is not true she has no penis', or 'I do not know whether she has one or not'. When such a patient begins in consciousness to give some symbolical representation of this doubt, I come to the aid of reality, i.e. to the ego. For example, such a patient may say, 'I do not know whether your hair is turning grey or not, sometimes I think "yes," sometimes "no"'. To this I should reply, 'Of course your observation is correct, it is turning grey'. When a patient notices for the first time in the room something that has been there and must have been seen every day for twelve months or more, and says, 'Well, that's new, I've never seen that before', then I am hopeful that at last I am beginning to exist. So far I have not really existed at all.

In analysis where the main transference is that of the super-ego on to the analyst, and phantasy-life with its wealth of projection of all the different rôles on to the analyst is inhibited, one finds very often a great preoccupation upon the proper functioning of the body. Just as the flight to reality is an escape from phantasy so in the functioning of the real body we can find this same escape. The phantasies are under the cover of what the patient regards as a very right and proper regard for health. Constipation means ill-health and therefore aperients must be taken. The number of evacuations daily or the size of the stool is of great importance. We must realize in these cases that the phantasies about the parental figures, the affects towards them are being expressed in these terms of reality and that this close hold on the actualities expresses the fear of the phantasy-life. Such patients are very often demonstrating in this way their power and omnipotence, not over faecal matter, but over the incorporated object,

and what we hope to do is to demonstrate that in analysis this means power and control over the analyst. In such cases any transference-interpretations that bring nearer to consciousness this underlying omnipotence and control will cause protest because of the loosening of anxiety this means, and this is the way to an analysis of it. I know no rigidity of defence stronger than where flight to reality takes the form of the reality of bodily functions. To get phantasy freed from this stronghold and articulate in thoughts about the analyst, instead of being expressed in actual defæcating, urinating and menstruating, is one of the most stubborn tasks in analysis. Anxiety has found a plausible anchorage under which omnipotence is very secure.

Sometimes with a certain type of patient I spring a transference surprise remark. 'Oh, I can't think of anything to say to-day. I've been trying to think and trying to remember things and I can't'. One can reply, 'Don't trouble. It won't matter, you know, if you *do* think of something'. Or, when a holiday time is at hand, a patient in anxiety says, 'Now I shall be so far away from you, what will happen if I get into a panic?' I reply, 'Don't trouble, *I* shall be all right'. These surprise remarks I should not make except where I knew definitely they would at once secure release of tension and bring about the required recognition of unconscious motives, and this predicates already a good deal of insight from analysis.

I said in a previous lecture that in any successful analysis the patient assimilated certain things from the analyst, which assimilation is an effect of transference. This assimilation will not be that of any modelling on the pattern of the analyst in reality. There should be no reality pattern. If the infantile super-ego is really modified, and transference of affects has really been possible, there are certain things the patient will be able to assimilate from the analyst. These will be truth and tolerance. That is why I said earlier that it is necessary in every analysis that we should actively demonstrate that we are unafraid. We must prove that we can see and know what the patient has been afraid of seeing and knowing. Affectless freedom and tolerance is the mark of a rational super-ego and it is this that should supersede the infantile super-ego of the patient during an analysis. No person leaves an analyst without a transference of some kind. If a person is well analysed there will be a feeling of goodwill such as any human being will have towards one who has stood by steadfastly during a difficult season. There will be no burden of gratitude, on the one hand, nor, on the other, will there be any need to forget.

THE RÔLE OF PSYCHOTIC MECHANISMS IN CULTURAL DEVELOPMENT¹

BY

MELITTA SCHMIDEBERG

BERLIN

Insanity in individuals is something rare ; in nations, groups, parties and epochs it is the rule.—NIETZSCHE.

Psycho-analysis has not only taught us to understand the individual better, but has also added considerably to our knowledge of the psychology of races. In his fundamental work, *Totem and Tabu*, Freud demonstrated several important corresponding processes in the mental life of savages and neurotics. In the following paper I intend to continue this line of thought, by examining whether there are resemblances between primitives and psychotics, and how far-reaching they are.

'In Korea the spirits are in possession of every quarter of the heavens and every foot of earth. They lie in wait for man by the road-side, in the trees, in the rocks, in the mountains, the valleys and the rivers. They spy upon him ceaselessly day and night. . . . They are ever about him, before and behind ; they fly about his head ; they call to him from the bowels of the earth. Even in his own house he has no refuge : the spirits are there also, in the plaster of the walls, and in the timber of the rooms. . . . Their presence in every spot is a hideous parody of the omnipresence of God'.² 'The phantasy of the Oregonians wanders terrified in a world of ghosts. . . . There are no rocks, no paths, no streams, where there are no ghosts'.³ 'So great is the fear of the imagined activities of the disease-maker, that the life of the people of Tamoia and Erromanga is embittered by constant anxiety and care'.⁴ 'In many villages of Bakongo, life becomes a torment because of the never-ceasing charges of sorcery'.⁵ 'The delusion of witchcraft may be termed the heaviest curse which rests

¹ Based upon a paper read before the British Psycho-Analytical Society, June 18, 1930.

² Levy-Bruhl, *Das Denken der Naturvölker*, p. 248.

³ Ibid., p. 248.

⁴ Bartels, *Medizin der Naturvölker*, p. 36.

⁵ Schneider, *Religion der Afrikaner*, p. 246.

on Africa' writes Wilson.⁶ 'The constant dread of unseen foes has robbed the Battak of every delight in enterprise; fatalism and the fear of ghosts have deprived him of all joy in life. Only in the practice of magic has he a weapon with which he may engage his enemies'.⁷

The primitive feel not only surrounded but also possessed by demons, to whose attacks they attribute illness and death.⁸ 'Primitive man takes every case of death, where the cause is not strikingly evident, to be the result of a demonic influence. The principal concepts are the same all over the world'.⁹ The demons were thought to be equipped with the same weapons as the enemies in battle.¹⁰ Sickness, like death, was conceived of as something personal, and the verbal comparison of it with an enemy was especially common.¹¹ The disease shakes, racks, stabs, etc. The idea of a demon, who lays men low with shafts,¹² blows¹³ and stabs¹⁴ is primeval and widespread. Incurable illness is held to arise from the loss of the fat of the kidneys; as in Nyassa, when the deity has swallowed a man's shadow.¹⁵ According to a Germanic,¹⁶ Gipsy¹⁷ and South Slav¹⁸ belief, chronic illnesses were caused by a witch devouring the victim's heart. Compare Job: 'He cleaveth my reins asunder and doth not spare; he poureth out my soul upon the ground. He breaketh me with breach upon breach, he runneth upon me like a giant'. And 'My reins are consumed within me'. We see from these examples (which could be multiplied indefinitely) that Jones' view¹⁹ that sickness is conceived of as a crippling injury, ultimately standing for castration, is generally valid.

⁶ Ibid., p. 243.

⁷ Warneck, *Religion der Battak*, p. 17.

⁸ Further reports are given in the quoted books.

⁹ Neuburger's *Einleitung*, Howorka und Kronfeld's *Vergl. Volksmedizin*, p. 17.

¹⁰ Höfler, *Deutsches Krankheitsnamenbuch*, p. 464.

¹¹ Ibid., p. 308.

¹² Bartels, *Die Medizin der Naturvölker*, p. 25; Höfler, loc. cit., pp. 464, 596. Cf. also Job, 'The arrows of the Almighty are within me'.

¹³ Bartels, op. cit., p. 12.

¹⁴ Höfler, op. cit., p. 577.

¹⁵ Bartels, op. cit., pp. 37-39.

¹⁶ Höfler, op. cit., p. 848.

¹⁷ Wliskoeki, *Brauch und rel. Glaube der Zigeuner*, pp. 115, 118.

¹⁸ Krauss, *Volks Glaube u. rel. Gl. d. Südslaven*, pp. 108, 112-116.

¹⁹ Ernest Jones, 'Cold, Disease and Birth', *Papers on Psycho-Analysis*, Third Edition, p. 599.

The demon who assaults and injures the sick man is a father-imago. It is God who wounded Job; according to the belief of the Middle Ages, shared also by Luther, disease is caused by the Devil²⁰; the tribes of Altai speak of the terrible bringer of sickness, Khan Erlik, as 'Father'.²¹ Similarly, in Buru smallpox is adjoined as 'Grandfather Smallpox'.²² Jones has shown²³ that witches, vampires, werewolves and devils are all imagos of the parents, a view similar to Freud's²⁴ about ghosts and demons.

In general, disease is construed as punishment.²⁵ Amongst the Zulus, if a man has had a dispute with the headman he gets a sore throat; eating stolen fruit causes abdominal pains. In Eetar a man falls ill when he does not observe the food-tabu, and on the Kei Islands illness is attributed to incest. The Zulus hold that their ancestors punish neglect with illness. As late as 1703 a Prussian ordinance declared that plague was the just punishment of Heaven for iniquity.²⁶ Amongst the Akkadians of old, the Mohammedans, the ancient Greeks and the Jews,²⁷ the Christians of the Middle Ages and uncivilized peoples to-day we find the same idea—that sickness is God's punishment for sin.²⁸ Freud points out²⁹ that demons are the projections of the subject's own hostile feelings towards the dead. So the demons are imagos of the parents, and their attacks the projection of the subject's own hostility.

We may say, then, on the basis of later discoveries of psychoanalysis, that *demons represent the super-ego, displaced into the outside world*. Thus in Greek literature the Erinnys are the personification of remorse and it is this emotion in Macbeth which causes him to see Banquo's ghost. The economic advantage of replacing remorse by demons outside the ego—a process which corresponds to the paranoid

²⁰ For the Devil as a father-imago, cf. Freud, 'A Neurosis of Demoni-
niacal Possession in the Seventeenth Century'; Ernest Jones, *Der
Alptraum*, 1912; Reik, *Der eigene und der fremde Gott*, 1923.

²¹ Bartels, *Die Medizin der Naturvölker*, p. 17.

²² Ibid., p. 256.

²³ Jones, *Der Alptraum*, 1912, pp. 34, 52, 56, 57, 71, 141, etc.

²⁴ Freud, *Totem und Tabu*, p. 82.

²⁵ Bartels, op. cit., pp. 27-29, 99-101.

²⁶ Baas, *Geschichtl. Entw. des ärztlichen Standes*, p. 371.

²⁷ Cf. Ebstein, *Die Medizin im alten Testament*, pp. 72, 73, 95, 112, 113.

²⁸ Bartels, *Die Medizin der Naturvölker*, loc. cit.

²⁹ Freud, *Totem und Tabu*, p. 80.

mechanism—is obvious; the sense of guilt is not experienced, for it is projected outward and becomes the persecution by demons, against which it is much easier to be on one's guard.³⁰ In one of Grimm's Fairy-Tales³¹ a waggoner drove over a dog, though the warnings of the sparrow tried to stop him. The bird pursued him everywhere with its cries and even invited all other birds to do him some harm. In vain he tried to kill it; he slew only his own horses and destroyed his own furniture. So he swallowed the bird, and then heard its warning voice coming out of his own mouth. He told his wife to strike the bird dead in his mouth, but he himself died and the bird flew away. The psychic meaning of the tale seems to be the following: With the assistance of the horses the waggoner kills the dog, a father imago. The sparrow represents both the dog's penis and the man's conscience, speaking from without him, because he has introjected the father's penis. He tries to get rid of it by projection—seeing and hearing the pursuer everywhere in the manner of a paranoiac—kills his companions and destroys his possessions in the attempt to free himself. and when all is in vain, chooses death for himself. The tale, it seems, represents the *reaction to the death of the primal father*. Róheim shows³² that after the deed the brothers had a *paranoid anxiety* lest the father should return, and saw him in every stranger, every foe and in supernatural spirits. I think, however, that this anxiety is itself *the projection of the original dread of the introjected father*. This conclusion is reinforced also by the fact that among primitives the dread of a demon who assails from without is less great than that of a demon who penetrates a sick man's body so that he becomes 'possessed.' The most frequent figure of this sort is that of a worm³³; many German³⁴ and some English words for illness still indicate this con-

³⁰ 'Man purified himself, not indeed of a moral consciousness of guilt, but from the discomfort of an uncanny world of demons, which besets, possesses and torments him with pricking and other pains or with feverish nightmares' (Höfler, *Volksmedizinische Organtherapie*, p. 43).

³¹ Grimm's *Fairy Tales*: 'The Dog and the Sparrow'.

³² Róheim, 'Nach dem Tode des Urvaters', *Imago*, 1923, pp. 117, 120.

³³ The belief that mental diseases are caused by a worm inside the brain is a widespread one (cf. also Mönkemöller, *Geisteskrankheiten in Satire, Sprichwort und Humor*). It is supposed that prehistoric trepanning was done in order to free men from a worm inside the head (Höfler, *Germ. Medizin, Handb. d. Gesch. d. Med.*, p. 469).

³⁴ Höfler, *Deutsches Krankheitsnamenbuch*, p. 820-825.

ception, e.g. ring-worm. The Egyptian hieroglyph for sickness is a worm or snake.³⁵ Besides a worm, the commonest representations of a sickness-demon are the following³⁶: birds, insects, frogs, snakes, lizards, mice, etc.—obvious penis-symbols. Frequently a fear is expressed that the vitals are being devoured.³⁷ The Kaffirs of Xosa call the little animals which cause disease 'gluttons'³⁸ and the German term for caries at the present day is *Frass*, e.g. *Knockenfrass*.³⁹ This primitive conception of sickness may be formulated thus: the subject feels that there is a dangerous penis within his body, destroying it or devouring his vital organs. According to the views of Melanie Klein this fear seems to be the projection of his own oral-sadistic wishes in relation to the penis of the father.

As a rule primitive man assumes that there are many demons surrounding and inhabiting the sick man.⁴⁰ I would suppose, following a suggestion of Ella Sharpe's,⁴¹ that *oral sadistic wishes*, the content of which is to tear the object to pieces, *by way of projection cause the dread of being assailed by many persecutors*, through the single parts coming to life. The Battaks have a story⁴² of how a cat which had been served up as food came to life again, 'whereupon numbers of cats rushed about the house, for every morsel of the flesh turned into a cat'. So it seems that from the oral-sadistic wishes to chew the penis of the father to pieces arises the conception of many penises, which become the basis of the belief in many demons.

The introjected penis of the father develops into the super-ego. Róheim has shown⁴³ that when the primal father was devoured by the sons he became their conscience; the prohibitions originally emanating from him were introjected and survived as inner injunc-

³⁵ Oefele, *Medizin*, 'Vorhippokratische', *Handb. d. Gesch. d. Med.*

³⁶ Bartels, *Medizin der Naturvölker*, pp. 15-17, 22-23.

³⁷ *Ibid.*, pp. 11-12, etc.

³⁸ *Ibid.*, p. 21.

³⁹ Cf. also 'fressende Wunden'.

⁴⁰ In a similar way in folklore there is the belief in a multiplicity of diseases (mostly seventy-seven or ninety-nine). Cf. Wuttke, *Der deutsche Volksaberglauben*, p. 320. Analogous is the belief in many souls in one man.

⁴¹ Miss Sharpe told me of a patient who was afraid that when she cut a worm to pieces each part might come to life.

⁴² Warneck, *Religion der Battak*, p. 43.

⁴³ Róheim, 'Nach dem Tode des Urvaters', *Imago*, 1923.

tions. The people of Nyassa have a story⁴⁴ that the dead father's heart survives, keeps the sons at work, admonishes and blames them. Here, as in many other tales, the *father's penis, regarded as immortal*, has become the *super-ego*.⁴⁵ I have endeavoured to show that *with primitive man* demons, witches, magicians, vampires, werewolves, etc., represent a *projection of the super-ego—all on the oral* (or, more rarely, on the early anal) *level*. The demons devour, bite and gnaw; the witches eat up the heart and the entrails; the vampires suck blood; the werewolves tear men to pieces and devour them. The chthonic goddess Hecate is addressed as 'drinker of blood', 'eater of hearts', 'consumer of flesh' and 'devourer of the unborn fruit of the womb'.⁴⁶ The oral origin of it is mirrored in our speech: in all languages there are phrases for the gnawings of conscience, remorse, etc.⁴⁷ Conscience gnaws, just as the demons gnaw and devour.

It seems that the *introjected penis of the father* became the *super-ego*,⁴⁸ and that the *sons expected attacks* from it in *return for their own hostility*. This imaginary enemy within the subject's own body brings about a *hypochondriacal condition* in primitive man which, Freud believes, almost invariably precedes paranoia.⁴⁹ This condition may manifest itself as the fear of being possessed by demons. There is a Red Indian tale⁵⁰ of how the Coyote tried to kill the humming-bird, but though he struck it, burnt it, and devised every sort of death, the bird always came to life again, until at last he swallowed it. Thereupon it plucked at his entrails, so that he was forced to let it out. This tale indicates the dread of the incorporated penis and the attempt to get rid of it by the biological way of anal excretion.⁵¹ Hence comes the

⁴⁴ Kleiweg de Zwaan, *Anthropologie der Niasser*, p. 3.

⁴⁵ Cf. also the German expression '*das Auge Gottes*' ('the eye of God' as equivalent to conscience).

⁴⁶ Höfler, *Volksmedizinische Organtherapie*, p. 5.

⁴⁷ Gewissensbisse, remords, morsus conscientiae, lel kifurdalas, ugry-zenie svedomie, etc.

⁴⁸ Melanie Klein, *Technique and Theory of the Analysis of Children* (appearing shortly).

⁴⁹ Freud, 'A Case of Paranoia', *Collected Papers*, III, p. 441.

⁵⁰ Quoted from A. Bálint, 'Die mexikanische Kriegshieroglyphe atl-tlachinolli', *Imago*, 1923, IX, p. 421.

⁵¹ Cf. also M. Klein, *Technique and Theory of the Analysis of Children*, and Abraham, *A Short Study of the Development of the Libido*.

equation of the father with excrement,⁵² which acquires a libidinal significance, and this process would, if successful, help the brothers to attain to the anal level. Abraham points out that this step is of great importance to society, because only when the object has been displaced into the outer world can it be possessed by several people in common. From the phylogenetic point of view it seems essential that the object, when thus displaced, can be fought in concert. The individual is no longer helpless in face of the terrible introjected father: his companions stand shoulder by shoulder with him in the fight with the demons.

The displacement of the ambivalence into the outside world makes it possible to invoke the aid of a good object in the fight against the bad,⁵³ and so to allay anxiety. Hate⁵⁴ and anxiety⁵⁵ are transferred against people of other races and other religions; love and subjection towards the companions and the leader. By projecting submission and giving up aggression, the subject learns to expect love and help, and thus arises the 'illusion of the benevolent father'.⁵⁶ The help given by the herd in allaying anxiety consists mainly in the fact that the companions really help and that the phantastic persecutors are replaced by real enemies who can be fought and overcome.

If this mechanism breaks down the original anxiety reappears, in the form of panic. Taine describes how, at the beginning of the French Revolution, when faith had disappeared, the populace was carried away with delusional accusations and fears against the land-owners and the King, to such a degree that he compares the French nation at that period to an alcoholic paranoiac.⁵⁷ With the loss of the illusion that the father is benevolent the original dread of him reawakens. Possibly panic is only a form of this dread at its most acute and violent.⁵⁸

⁵² Abraham, *A Short Study of the Development of the Libido*, p. 492.

⁵³ Cf. also M. Klein, 'Personification in the Play of Children', *JOURNAL*, 1929.

⁵⁴ Cf. also Róheim, 'Nach dem Tode des Urvaters', *Imago*, 1923, p. 118.

⁵⁵ Strack gives some examples of paranoid accusation of enemies and strangers (*Das Blut*, pp. 54, 55, 202). This sort of accusation was also made during the last war.

⁵⁶ Freud, *Group Psychology and the Analysis of the Ego*.

⁵⁷ Taine, *Les origines de la France contemporaine*, II.

⁵⁸ It seems that the behaviour of primitive people in times of epidemics

The primitive belief in demons corresponds to paranoid ideas,⁵⁹ which man masters by over-compensating for his aggressive tendencies—exalting the father to a God, submitting himself to him and looking for his protection. Mankind's ambivalent feelings, in the attempt to assert themselves, find an outlet in projection on to men of another faith and alien gods.⁶⁰ The residue of the ambivalent feelings is held in check by obsessional neurotic mechanisms, such as the formulation of dogma and religious rites. But this obsessional character of religion, as Reik has indicated,⁶¹ seems to belong only to its later stages and serves to overcome the original belief in demons, i.e. the paranoid ideas. But when faith fails, aggression in the form of doubt appears with increasing clearness and leads by way of projection to anxiety⁶² which assumes a completely paranoid character in the delusion of the devil and witches.⁶³

A similar mechanism appears in the attitude of primitives towards their physicians. The medicine-man differs from the sorcerer⁶⁴ in that it is possible to win his favour—he ceases to harm and may even help. Natives have a terror of the medicine-man, believing in his magical powers and even sometimes dying of dread of him.⁶⁵ It is said that in Nyassa many of the natives sacrifice all their possessions and even become slaves in order to conciliate him.⁶⁶ In Victoria the

is similar to panic; it is the fear of all by all, because they do not know where the 'Lord Plague' is, from where he may attack, or who may bring him (cf. Bartels, *Die Medizin der Naturvölker*, p. 249).

⁵⁹ Cf. Róheim, 'Nach dem Tode des Urvaters', *Imago*, 1923, p. 120.

⁶⁰ Cf. Reik, *Der eigene und der fremde Gott*.

⁶¹ Reik, *Probleme der Religionspsychologie*, 1919; 'Dogma und Zwangsideo', *Imago*, XIII, 1927.

⁶² Mauthner pointed out (*Der Atheismus u.s. Gesch. im Abendlande*) that the belief in devils flourished most strongly as the belief in God weakened.

⁶³ It might be interesting to examine in greater detail the analogy between the original demonistic ideas, the illusion of the devil, and the belief in paranoid delusions. The devils in hell correspond to the dangers of the womb of the mother; the conception of hell clearly showing oral and anal traces.

⁶⁴ The negroes of Loango believe that their first medicine-man was a sorcerer who had been caught and had promised not to do harm any more, but to cure (Bartels, op. cit., 77).

⁶⁵ Bartels, *Die Medizin der Naturvölker*, pp. 50-52.

⁶⁶ *Ibid.*, p. 59.

men are so frightened of him that they dare not touch him but fulfil all his behests, while the women fear that he may wound them, make them sterile, rob them of the fat of the kidneys, and kill their children.⁶⁷ But if a sick man dies under his treatment the ambivalent feelings break out and he is often put to death.⁶⁸ According to an edict of Theodoric the Great,⁶⁹ still in force in the eleventh century, barbers were the social equals of hangmen, and a surgeon whose patient died fell a victim to the vengeance of the relations.⁷⁰ They were regarded as dishonest,⁷¹ and were first declared honest by Charles V (1548) and Rudolf II (1577). It seems, however, that this ostracism was based on fear rather than on contempt,⁷² as the comparison with the executioner proves.⁷³

Amongst civilized races, physicians are in general⁷⁴ esteemed as helpers and there is over-compensation for the ambivalent tendencies. The aggressive impulse manifests itself only in jokes,⁷⁵ when they may be called poisoners, murderers,⁷⁶ and so forth. But when an epidemic takes place against which the physicians are powerless, they are in all earnest accused of poisoning. 'In every fatal pestilence the people's first thought is poison'.⁷⁷ The plague of the Middle Ages was ascribed

⁶⁷ Ibid., p. 51.

⁶⁸ Ibid., p. 60.

⁶⁹ Pagel, *Gesch. der Medizin*, p. 140.

⁷⁰ Witkowski gives some examples of cases even in civilized nations when a physician whose patient died under his treatment was killed by the relatives (*Le mal qu'on a dit des médecins*, p. 127). Cf. also Kemmerich, *Kulturkuriösa*, p. 25.

⁷¹ In 1416 a surgeon who asked for a degree was rejected by the University of Vienna as an impudent rogue. (Peters, *Der Arzt*, p. 34.)

⁷² In 1298 it was forbidden to priests to be even present at a surgical operation. (Peters, op. cit., p. 13.)

⁷³ Cf. also the contaminating effect of 'dishonesty', e.g. in Buchner, *Anno dazumal*, p. 95; and Frazer, 'Manslayers tabooed', *Taboo and the Perils of the Soul*, pp. 160-180.

⁷⁴ But in Styria people believe that every year the 'Barmherzigen Brüder' kill a patient of whom they make medicaments for the others (Fossel, *Volksmedizin in Steiermark*).

⁷⁵ Witkowski, *Le mal qu'on a dit des médecins*.

⁷⁶ 'Qu'est ce qu'un medecin? Un honorable bourreau.' *La mazariade* (Witkowski, loc. cit., p. 13).

⁷⁷ Höfler, *Deutsches Krankheitsnamenbuch*, p. 194; Hecker, *Der schwarze Tod*, p. 53.

to poisoning of the wells by Jews ⁷⁸; in German towns where there were no Jews the grave-diggers were accused of this crime,⁷⁹ and in Russia the Tartars.⁸⁰ During the cholera epidemic of 1837 there was a popular belief in Italy that the people were dying because the water was being poisoned by physicians and officials who received the poison from the detested Bourbon Government.⁸¹ In 1884, when a cholera epidemic broke out in Italy the people believed that the physicians were killing the working-men for the benefit of the well-to-do.⁸² It was only when the King visited them himself that they became sufficiently calm to admit medical help.⁸³

When medicine fails, the original paranoid anxiety rises in full force. *Primarily, there is a dread of the evil father, the demon and the sorcerer; religion and medicine succeed in soothing this dread.* They demand submission to the father and, by projection of this attitude, the belief in a good father, i.e. a benevolent God, and in helpful physicians arises. If, however, physicians fail to calm this anxiety, they once more become poisoners and God becomes a devil. Thus it seems, as Róheim ⁸⁴ and (in greater detail) Melanie Klein have shown,⁸⁵ that the paranoid mechanism consists in a projection of the original hate derived from the Oedipus complex. When the over-compensation by

⁷⁸ Throughout Europe the story was current that the Jews had secret leaders in Toledo, who commanded them to poison, utter false coin, murder Christian children, etc. They were said to receive the poison from distant lands over the sea, and they also prepared it themselves by a secret formula which was known only to their Rabbis. Cf. Hecker, *Der schwarze Tod*, p. 60.

⁷⁹ Hecker, *Der schwarze Tod*, p. 53.

⁸⁰ Dörbeck, *Geschichte der Pestepidemien in Russland*, p. 8.

⁸¹ Even men in high office, like the Archbishop of Palermo, had no doubt of this.

⁸² Löwenstimm, *Aberglaube und Strafrecht*, pp. 182, 183, 184.

⁸³ In Russia there have often been revolts directed against physicians in time of epidemics. On one occasion it was asserted that the landowners had bribed the physicians to exterminate the peasants, and another time it was said that this was being done at the instigation of England, the intention being to declare war upon a decimated nation (Löwenstimm, *Aberglaube und Strafrecht*, pp. 186-189).

⁸⁴ Róheim, 'Das Völkerpsychologische in Freud's *Massenpsychologie und Ichanalyse*', *Zeitschrift*, 1922, VIII, p. 218.

⁸⁵ M. Klein, *Technique and Theory of the Analysis of Children*.

adoption of the homosexual attitude fails, the primeval anxiety breaks out.

Projection of the ambivalence on to external objects seems, however, to be one means of overcoming the paranoid anxiety. But how can the hypochondriacal fear of the internal object be worked over? Certainly it is one of the main tasks of primitive medicine to assuage this hypochondriacal anxiety which shows itself in primitive theories of disease. In so far as this anxiety manifests itself (as pure castration anxiety) in the fear that some father-imago has robbed the sick man of his shadow, his soul, or the like, it suffices for the medicine-man to assure him that the shadow or the soul has been brought back.⁸⁶ Generally, however, the anxiety takes the form of a dread of the introjected object, and is overcome by the medicine-man's driving out the demon by cunning or by force.⁸⁷ Here there is an analogy to the case described by Abraham⁸⁸ of a patient who attempted to commit suicide in order to free himself from the introjected object.⁸⁹ In *exorcistic therapy the help of the external object*—the medicine-man—is *invoked against the introjected object*. The ambivalent feelings are thus directed towards two objects: the medicine-man, to whom the subject submits himself, and the introjected father, from whom he tries to free himself. But mostly his attitude even to the introjected object is ambivalent: the demon, before he is driven out, is invoked with reverence, and sometimes sacrifices are made to him.⁹⁰

On the oral level the introjected object is conceived of as a spirit, while on the anal level it is equated with some material substance—a poison or some foul secretion of the body.⁹¹ The patient is *freed from the introjected object* by physical means such as aperients, emetics, sweating, bleeding, and so on. These methods, which have since come

⁸⁶ Cf. Bartels, *Die Medizin der Naturvölker*, pp. 201-204.

⁸⁷ Bartels, *op. cit.*, 189-191.

⁸⁸ Abraham, *Study of the Development of the Libido*, p. 448.

⁸⁹ And there is a similar case of a peasant woman who caused herself to be beaten to death, in order to be rid of a witch who had taken up her abode in her (Mannhardt, *Praktische Folgen d. Aberggl.*, pp. 54-55).

⁹⁰ Höfler, *Volksmedizinische Organtherapie*, p. 44.

⁹¹ It seems that the dread of being bewitched or possessed corresponds to the oral and the dread of poison to the anal stage. To the latter belongs also the obsessional dread of the super-ego. Thus water, originally a means of exorcism, becomes a means of physical and moral purification and of atonement (cf. Bäumer, *Gesch. d. Badewesens*).

to be a part of medical treatment, were originally practised as religious ceremonies, a part of the atonement for sin. Confession, too, is employed among primitives as a therapeutic measure. Frazer⁹² points out that confession—just as sin—was conceived of in purely material terms, as, for example, washing, purging etc.⁹³ Jones⁹⁴ has shown the anal significance of speech⁹⁵ and that words are equated with flatus, while Róheim has emphasised its oral significance,⁹⁶ and Reik the part played by the compulsion to confess.⁹⁷ Perhaps these different theories may be traced to a common source: possibly, for the sons, everything which came out of the mouth (by which they had incorporated the father) took on the meaning of the ejected father. This would apply specially to words and breath.⁹⁸ This conjecture is supported by the conception of the soul as the breath of man, which, as I tried to show, corresponds to the introjected father. The Church originally hesitated whether or not to translate 'Spiritus Sanctus' by the words *Heiliger Atem* ('Holy Breath').⁹⁹ It seems that confession was a modification of vomiting and signified a giving back of the introjected father. The Kikuyus have the same root for confession and vomit.¹⁰⁰ Hawthorne writes as follows of the liberating effect of confession: ¹⁰¹ 'Why should some wretched man, guilty, we will say, of murder, prefer to keep the corpse buried in his heart rather than fling it forth at once and let the universe take charge of it?' To produce the introjected object is to get rid of it and, at the same time, to make an offering to the external object. Thus the Indians of the coast of Alaska prepare themselves by vomiting to come before the judgment of their Gods.¹⁰² According to the Catholic Faith, confession reconciles a man with God.

⁹² Frazer, *Taboo and the Perils of the Soul*, pp. 215-218.

⁹³ We have a counterpart to this in the Kaffir practice of giving a child an emetic in order to free him from the Christianity which the missionaries have taught him (Crawley, *The Idea of the Soul*, p. 208).

⁹⁴ Jones, 'The Madonna's Conception through the Ear', p. 289.

⁹⁵ Cf. Ferenczi, 'Silence is Golden', *Further Contrib., etc.*, p. 250.

⁹⁶ Róheim, 'Das Selbst', *Imago*, 1921, pp. 7, 163.

⁹⁷ Reik, *Geständniszwang und Strafbedürfnis*.

⁹⁸ Jones notes the equation 'the Word was God', op. cit., p. 288.

⁹⁹ Kleinpaul, *Volkspsychologie*, p. 3.

¹⁰⁰ Frazer, *Taboo and the Perils of the Soul*, p. 218.

¹⁰¹ Hawthorne, *The Scarlet Letter*.

¹⁰² Bartels, *Die Medizin der Naturvölker*, p. 122.

The measures described, which are taken by the medicine man, are intended to free the subject from the introjected evil object. But the *introjected evil object can be fought as well by absorbing a good object*. 'According to the primitive conception, the spirit of the remedy applied acts on the spirit of the sickness' (Kingsley).¹⁰³ Höfler has shown¹⁰⁴ that theophagy—the incorporating of the divinity—was a means of possessing oneself of divine powers. People partook of the warm blood, the raw flesh and the organs of animal divinities and of representations of their ancestors and of the spirits of the departed for purposes of healing. Up till two hundred years ago, human blood and parts of the human body were used as remedies all over the world;¹⁰⁵ we find mention of them in Chinese medical literature and in the papyrus of Ebers;¹⁰⁶ the Arabs believe that the blood of kings cures hydrophobia;¹⁰⁷ in Korea a boy's liver,¹⁰⁸ and, among the tribesmen of Batta, cooked human flesh, are used as medicines.¹⁰⁹ Pliny recommended as remedies human flesh,¹¹⁰ blood and various organs; while Becker, a physician of the seventeenth century, stated that the human body yielded twenty-four different medicaments: their preparation, as Peters says,¹¹¹ caused the pharmaceutical laboratory of the seventeenth century to resemble a cannibal's cooking-place. In the eighteenth century,¹¹² calcined and grated human skulls, fragments of human corpses¹¹³ and the blood of persons executed,

¹⁰³ Levy-Bruhl, *Das Denken der Naturvölker*, p. 246.

¹⁰⁴ Höfler, *Volksmedizinische Organtherapie*, pp. 8, 22.

¹⁰⁵ Höfler, pp. 56, 195; Strack, *Das Blut*, pp. 32, 43-47, 61; furthermore, Höfler, p. 284; Strack, pp. 19, 27, 30, 36-40, 97; Stern, *Aberglauben in der Türkei*, p. 223; Peters, *Aus pharmazeutischer Vorzeit*, p. 191.

¹⁰⁶ Magnus, *Organtherapie*, p. 5.

¹⁰⁷ Strack, op. cit., p. 32.

¹⁰⁸ Stern, op. cit., p. 160.

¹⁰⁹ Bartels, *Medizin der Naturvölker*, p. 106.

¹¹⁰ Höfler, op. cit., p. 56; Strack, op. cit., p. 6.

¹¹¹ Peters, *Der Arzt in d. deutsch. Vergang.*, p. 106.

¹¹² Höfler, *Volksmedizin in Oberbayern*, p. 74.

¹¹³ Parts of the human body were gradually replaced by relics, blood (human and animal), especially that of executed men, fragments of human corpses, hangman's rope, coffinwood, water used to wash a corpse. Instead of a new-born babe the placenta was used, and instead of a pure virgin, menstrual blood, a chemise worn during menstruation, the hem of the chemise alone, etc. (Höfler, *Volksmedizin in Oberbayern*, pp. 25, 116).

were sold in the apothecaries' shops. As late as the nineteenth century crimes were committed for the purpose of acquiring the blood or the bodily members of human beings, to serve as a remedy.¹¹⁴

The same magical effect is ascribed in primitive beliefs to things worn as to things eaten,¹¹⁵ to clothing and ornaments as to food.¹¹⁶ The eagle's feather imparts to him who wears it the bird's vision and strength.¹¹⁷ The Eskimos of Baffin Bay place new-born babes in the entrails of a fox to make them cunning.¹¹⁸ At celebrations among the Navajos chalk pictures are prepared,¹¹⁹ and the medicine-man takes dust from the parts of the divinities portrayed and applies it to the corresponding parts of the patient.¹²⁰ So the divine member is taken into the body of the sick man and the disease must leave it.¹²¹

Relics¹²² have been a common remedy among Christians and,

¹¹⁴ Cf. Löwenstimm, *Aberglaube und Strafrecht*, pp. 11-14, 109, 112, 145; Höfler, *Volksmed. Organther*, p. 270; cf. also Mannhardt, *Praktische Folgen des Aberglaubens*.

¹¹⁵ The Teutons also hung round their necks as amulets plants whose healing power (partaken as medicine) had been tested (Höfler, *Germanische Medizin. Handbuch der Gesch. d. Medizin*, p. 468).

¹¹⁶ Levy-Bruhl remarks that not sufficient attention has been given to the fact that primitive man probably has taboos of clothing as well as of food. Thus a Malay chieftain refused to hand over a stag's skin, because he feared that its timidity would pass into his young son (*Das Denken d. Natv.*, p. 264).

¹¹⁷ Levy-Bruhl, *Das Denken der Naturvölker*, p. 264.

¹¹⁸ Vierkandt, 'Anfänge der Religion u. Zauberei', *Globus*, Bd. 92, 1907, p. 40.

¹¹⁹ Bartels, *Medizin der Naturvölker*, p. 200.

¹²⁰ In an analogous way water with this dust is used as a drink (Bartels, *op. cit.*, p. 115).

¹²¹ Anointing is supposed to bring a man possessed by a demon of sickness into union with a stronger spirit. It was thought that the properties of a demon hidden in the salve could be rubbed into the body. Now, here is a popular belief that the characteristics of the animal from which the fat is taken are incorporated by means of the salve (Höfler, *Volksmed. in Oberbayern*, pp. 142, 143). Probably anointing is derived from the practice common to many cannibal tribes of smearing a man with fat and blood (Andree, *Antropophagie*,). Cf. also Bartels, *Med. d. Naturvölker*, p. 194, for smearing with the fat and blood of animal victims for healing purposes.

¹²² Strack, *Das Blut*, p. 51; Andree, *Ethnol. Parallelen*, pp. 133-137.

amongst primitive peoples, ancestor-amulets.¹²³ Bartels conjectures¹²⁴ that this practice is based on a belief that the spirit to whom these bones once belonged will protect him who carries them from demons, out of gratitude for his veneration. The man expects that, in return for his worship, the saints or his ancestors will protect him from all harm, i.e. the good father will protect him from the bad father, from demons or from sickness.

We have an illustration of the dual influence of the father (corresponding to the subject's ambivalence) in the fact that the 'King's Evil' is both cured and caused by the touch of the King.¹²⁵ Freud's¹²⁶ explanation is that the prince's involuntary touch is dangerous and his intentional touch curative—dangerous because, as I assume, the involuntary touch is without reverence and consequently aggressive; curative because when it is intentional it is received with reverence. Hence *the effect ascribed to the touch is the projection of the subject's own humble or rebellious attitude.*

Similarly, such remedies as fragments of the human body are believed by the common people and primitive man both to heal and to harm.¹²⁷ Snakes are not only deadly sickness-demons, but also

¹²³ Cf. also Höfler, *Volksmedizin in Oberbayern*, pp. 29, 37.

¹²⁴ Bartels, *op. cit.*, p. 148.

¹²⁵ Frazer, *Taboo and the Perils of the Soul*.

¹²⁶ Freud, *Totem und Tabu*, p. 54.

¹²⁷ In his paper, 'The Doctor-game, Illness and the Profession of Medicine', *JOURNAL*, 1926, p. 470, Simmel has pointed out that the introjected parent-substitute becomes the morbid substance which has to be expelled for recovery to take place. Not till the excremental symbol comes to represent sperma, the penis or a child does it become a beneficial substance. This hypothesis is certainly correct in most cases, but not in all. For instance, serpents or fishes—obvious penis-symbols—are often held to bring sickness (cf. Höfler, *op. cit.*, pp. 142, 143, 144), while excrement is often regarded as a remedy (*Dreckapotheke*). But, above all, the fact that the same object may have opposite effects seems to show that it depends on the ambivalent attitude of the patient (aggressive or submissive) whether the introjected parent-substitute injures or cures. That the poison is mostly conceived as faeces seems to be explained by the fact shown by Abraham, that a hated object is often equated with faeces (*Study of Dev. of Libido*, p. 497); poison, as a symbol of excrement, seems to me analogous to the anal persecutor in paranoia (cf. Stürcke and Van Ophuijsen).

beneficent creatures, yielding healing remedies.¹²⁸ Snake-bite is cured by the snake itself; whitlow (German: *Fingerwurm*) by the application of an earth-worm; worms inside by the swallowing of earth-worms.¹²⁹ Excrement is generally regarded as poisonous but also as remedial.¹³⁰

When an Australian aboriginal realized that he had broken a taboo of eating (the consequence of his transgression being swelling of the body and death), he would press the foot of the head-man against his stomach.¹³¹ The touch of the external object was a protection against the dangerous, introjected object: the subsequent submission making restitution for the original aggression. It is *the father's penis which helps*¹³²—the head-man's foot, the finger of the Germanic priest.¹³³ On the island of Bali a remedy is used made out of chewed roots on which have been scratched representations of the penis and vulva.¹³⁴ Seligmann has shown that all protections against the evil eye are representations of, or substitutes for, the penis.¹³⁵

Analogous to this is the popular belief that the heart or finger of an unborn male infant confers supernatural powers¹³⁶ and makes a man proof against shooting,¹³⁷ while the severed big toe of a married woman imparts magical properties.¹³⁸ The effect of the introjected penis of the father is at once magical, curative and prophylactic.

The *psychical effect of medicine* may consist in the fact that it makes up for the *original aggression by subsequent submission*. The object

¹²⁸ Höfler, *Volksmed. Organth.*, pp. 143, 144; Wlislöcki, *Volksgl. u. rel. Br. d. Zigeun.*, p. 67; Stern, *Abergl. i. d. Türkei*, p. 434.

¹²⁹ Wuttke, *Deutscher Volksaberglaube*, pp. 141, 322.

¹³⁰ Paullini, *Heilsame Dreckapotheke*; Bartels, *op. cit.*, p. 106.

¹³¹ Frazer, *Taboo and the Perils of the Soul*, p. 134.

¹³² The big toe of King Pyrrhus remained intact after his death, and a touch of it relieved swelling of the kidneys (Vierordt, *Medizinisches aus der Geschichte*, p. 196). According to a Gipsy belief one hair from the head of a demonic man cures all diseases (Wlislöcki, *Volksgl. u. rel. Brauch der Zigeuner*, p. 25).

¹³³ Höfler, *Germanische Medizin. Handbuch d. Gesch. d. Medizin*, p. 463.

¹³⁴ Bartels, *Die Medizin der Naturvölker*, p. 128.

¹³⁵ Seligmann, *Der böse Blick*, 1909.

¹³⁶ Löwenstimm, *op. cit.*, pp. 122-126; Strack, *Das Blut*, pp. 71-81.

¹³⁷ Höfler, *Volksmed. in Oberb.*, p. 170.

¹³⁸ Löwenstimm, *op. cit.*, p. 126.

(introjected in the oral-sadistic position, and therefore regarded as dangerous) is got rid of and the subject passively incorporates in himself the drug, which represents the good father. Religion provides an analogy in confession, followed by the receiving of the Holy Communion—the Body and Blood of Christ. Similarly, there is a superstitious belief that a murderer who tastes the flesh of his victim will not be pursued by vengeance or suffer from remorse.¹³⁹ A fragment of the corpse, introjected with the intention of restitution, will protect him from the dead man's avenging spirit. Probably *this mechanism is at work in morbid cravings*: the drug would signify the good father, who is to fight against the bad, introjected father. Soon, however, it comes to signify the bad father, against whom nothing avails but the taking of more drugs. The psychical mechanism has a dangerous reinforcement in the pharmacological effect of the drugs craved for, whereas medicaments given assuage anxiety through their healing effect.

In medicine, magical remedies consisting of the organs of men and beasts have given place to those derived from plants,¹⁴⁰ which are called by the names of divine and human bodily members. We may suppose that gradually, out of a considerable number of medicaments, preference came to be given to those of whose efficacy men had empirical proof. A remedy which alleviates pain will allay anxiety through its actual operation, just as a magical remedy acts through its psychical effect. Thus empirical medicine gradually renders magic superfluous. But although in medicine magical remedies have given place to empirical ones, the former have retained their original unconscious significance,¹⁴¹ while in religion the magical means are only slightly

¹³⁹ Löwenstimm, *Abergl. und Strafrecht*, p. 122; Strack, *Das Blut*, pp. 33, 79.

¹⁴⁰ Höfler states (*Volksmed. Organtherapie*, pp. 14–20, 40–42) that in Egyptian hermeneutics plants were given the names of organs of the gods, so that a *Botanica sacra* came into existence. Divine properties were ascribed also to the decorations of sacrificial victims, flowers placed on the altar, roots and substances used to produce smoke, etc. (p. 16).

¹⁴¹ Magical ideas are associated even with the remedies whose value has been proved empirically. We see this in the ceremonies which, in primitive communities and in popular medicine, accompany the collecting, preparation and taking of remedies (cf. Hovorka u. Kronfeld, *Vergl. Volksmedizin*). The North American medicine-man adjures the medicine, as though it were a living being, to do its duty and cure the patient (Bartels, *Die Med. d. Naturv.*, p. 114). In the Middle Ages public baths were often adjacent to a spring used for baptism, the water of which was—according

modified. From the smearing with fat and blood practised by primitive man the method of rubbing with healing ointments has developed ; in religion we find traces of this in the anointing of kings and in Extreme Unction, just as tattooing is a religious ceremony amongst uncivilized peoples. The expulsion of demons by the use of the hands has developed into massage,¹⁴² and into the gesture of blessing by priests. From the practice of expulsion by incantation psychotherapy is derived. Sweating, purging, bleeding, vomiting and fasting originally had the significance of an atonement : to-day they have their place in medical régimes. It is probable that surgery had its origin in the mutilations accompanying an act of atonement. From theophagy is derived the pharmacopœia and the Holy Communion.

I have tried to show how, by externalising the ambivalence, the 'bad' object within and without is fought with the help of a 'good' external object, and thus the anxiety is worked over in a way adapted to reality. But, besides this mechanism, there is another way of dealing with the anxiety : *that of flight to the object within*. Just as Freud¹⁴³ has shown that both ancestor-worship and the fear of demons have a common origin in the son's relation to the father, so we find two different attitudes to the introjected father or his penis. In the rebellious attitude *the paternal penis* becomes the terrible sickness demon ; *while from the passive homosexual attitude* it is regarded as the most precious of possessions¹⁴⁴—*the immortal soul*, the gift of God which unites man with Himself. This view seems to be supported by the following points :—

(1) All representations of the soul are symbols of the penis : worms, snakes, birds, butterflies, winged insects, lizards, fishes, mice, etc.¹⁴⁵

(2) The soul is frequently conceived of as a child.¹⁴⁶ Throughout

to a common belief—helpful against devils, demons and diseases (Höfler, *Volksm. i. Oberbayern*, p. 45).

¹⁴² Bartels, *op. cit.*, p. 187 ; Höfler, 'Germanische Medizin.' *Handb. d. Gesch. d. Med.*, p. 464.

¹⁴³ Freud, *Totem und Tabu*, p. 82.

¹⁴⁴ Wundt points out that there are transitions between the conception of demons and the soul (*Völkerpsychologie*, Bd. IV, T. 1, p. 196).

¹⁴⁵ Wundt, *Völkerpsychologie*, Bd. IV, T. 1, p. 146 ; Wuttke, *Der deutsche Volksaberglauben*, p. 54.

¹⁴⁶ In accounts of the Middle Ages it is said that Christ appeared in the Holy Communion in the form of a child (Strack, *Das Blut*, p. 14).

Australia, in America, in the Malay States and in India we meet with the belief that the soul is a little man,¹⁴⁷ no bigger than one's thumb—a miniature reproduction of the human being. The ancient Egyptians as well as the Christians of the Middle Ages pictured the soul in the form of a child.¹⁴⁸

(3) The soul is treated with reverence. According to the Christian view it is the most priceless possession. The people of Batta worship it and offer sacrifices to it.¹⁴⁹ Tondi—the soul¹⁵⁰—is the man within man, a separate being, who often comes into conflict with the ego and is able to enforce his own wishes, in opposition to man's will, in a way that is felt to be painful. 'The fate of a human being depends on his Tondi, and therefore it is more important to reverence and offer sacrifices to him than to remote gods whom the Battaks neither fear nor love'.¹⁵¹

It seems that the soul¹⁵² stands for the father's penis (introjected in the passive homosexual relation), and at the same time signifies a child. In accordance with this view is the Christian belief that the soul of man was breathed into him by God, with Whom it unites him. Amongst gipsies¹⁵³ we find a belief in a special guardian spirit residing in the body of man. It is part of the soul of the dead father, which passes into the body of the eldest son.¹⁵⁴

¹⁴⁷ Frazer, *Taboo and the Perils of the Soul*, pp. 26–30; Róheim, 'Das Selbst', *Imago*, 1921, pp. 331–336.

¹⁴⁸ Crawley, *The Idea of the Soul*, pp. 167, 168; Holländer, *Die Karikatur und Satire in der Medizin*, p. 135.

¹⁴⁹ Warneck, *Die Religion der Battak*, p. 14.

¹⁵⁰ By the Battaks a man's own Tondi is adored as well as that of others. Powerful animals or prized plants have so much Tondi (Warneck, *op. cit.*, 13, 11). A man is mighty, not because he is regarded as a father-imago—as he would be by an extraverted people—but because he has introjected the powerful penis of the father.

¹⁵¹ Warneck, *Die Religion der Battak*, p. 10.

¹⁵² Róheim points out ('Das Selbst', *Imago*, 1921) that the conception of the soul is based on an over-compensation of castration anxiety and is a projection of erogeneity.

¹⁵³ Wlislöcki, *Volks Glaube und religiöser Brauch der Zigeuner*, p. 43.

¹⁵⁴ The concept of the soul outside the body shows the same meaning: in Christian belief the guardian angel corresponds to the soul outside the body; it is a narcissistic idealization of the individual, and at the same time a father-imago. For the fact that the soul outside the body is a projection of the introjected penis, cf. Frazer, *Balder the Beautiful*.

Besides the concept of the soul lodged in the body, there is, further, that of the psyche—the soul which survives death. Wundt has pointed out ¹⁵⁵ the connection between the soul which is breathed into man and the last breath of the dying, between the eye as the mirror of the soul and the eye glazed in death, and between the heart as the abode of the soul and the last beat of the living heart. Freud argues ¹⁵⁶ that the concept of demons originated when man stood by the corpses of his nearest relatives and that the projection of his own death-wishes created the demons. I will assume, then, that the *concept of the soul* has its origin in a *tendency to make restitution*. The subject denies not only his own death-wishes, but, by the concept of the soul, the external reality of death. Belief in survival relieves man of his feeling of guilt and his dread of the vengeance of the dead; because the concept of the soul is an attempt at restitution—by virtue of the omnipotence of thought the dead survive 'on the other side'. Thus by his belief in the soul man conquers his fear of demons, subjection taking the place of aggression.

Accordingly, it would seem that the concept of the soul originated in castration anxiety, which employed it as an over-compensation for the subject's death-wishes, and that it is not simply an outflowing of narcissism, as Rank conjectures.¹⁵⁷ At a later stage of development the concepts of the soul lodged in the body and of the psyche—the soul during life and after death—come together. Over-compensation for the aggressive tendencies reinforces the tendency to homosexuality. The soul comes to be regarded as more valuable than the body: the introjected penis of the father is of more importance than the subject's own life.

The ascetic religious conception of the Middle Ages had for its aim the renunciation of worldly joys, the mortification of the flesh and a complete abandonment of this world; those who professed this faith felt themselves fully compensated for the forfeiting of earthly joys by the union with Jesus, and their spiritual wellbeing. The psychological mechanism of this process seems to be that the Œdipus situation (love of the world, '*Frau Welt*'), the instinctual wishes and the active attitude are renounced out of dread of the father (God and the punishments of

¹⁵⁵ Wundt, *Völkerpsychologie*, IV. 1, pp. 105–108, etc.

¹⁵⁶ Freud, *Totem und Tabu*, p. 80; and 'Our Attitude to Death', *Collected Papers*, Vol. IV., p. 310.

¹⁵⁷ Rank, 'Der Doppelgänger', *Psychoan. Beitr. z. Mythn.*, pp. 351–3.

Hell); flight from the outside world to the introjected object results in a narcissistic regression and the renouncing of external objects (the monastic life). Excessive love of the introjected object seems to be based on an over-compensation of hatred: it is a means of mastering hypochondriacal anxiety.¹⁵⁸ Flight to the *external* object (projection) can take place only when the subject dreads it less than he dreads the internal object. If the converse is the case, he has to try at all costs to reconcile himself with the latter object in order to be released from his anxiety. *Flight to the internal object presupposes an abandonment of projection*, which aims at getting rid of the internal object and is therefore felt as hostility. Projection is based on ambivalence (Freud); giving up aggression leads to abandoning projection and activity.

The *introjection of the father seems considerably to reinforce the subject's sense of omnipotence and his narcissism*. Since he identifies himself wholly with the omnipotent father whom he has incorporated, he is convinced of his own omnipotence so long as he feels that the two of them are one. That is to say, he feels that he is omnipotent in the magical sense so long as he renounces his own activity in reality. The prophet out of whom the Lord speaks is omnipotent through him, and the religious man who feels himself one with God finds his strength in the belief in God instead of in himself.

The normal Œdipus attitude results in a separation between introjected object and subject, and in the establishing of the normal boundaries of the ego.¹⁵⁹ Thereupon the introjected father, with whom the son was hitherto united, becomes his foe. This process is represented in the tales of 'doubles' where some object which was originally part of the ego (the subject's reflection in the mirror, his soul, shadow and so on) detaches itself from the man and pursues him. Such a separation takes place when Œdipus wishes are fulfilled in some symbolical way.¹⁶⁰ When castration anxiety leads the subject to shun the normal Œdipus attitude, he remains arrested on the earliest levels of ego-development. We see this in uncivilized man, in

¹⁵⁸ In this paper I am adducing only ethnological and cultural material in support of my hypotheses; I propose elsewhere to bring forward clinical, analytical material.

¹⁵⁹ Tausk, 'Über die Entstehung des "Beeinflussungsapparates" in der Schizophrenie', *Zeitschrift*, 1919, V, p. 14.

¹⁶⁰ Rank, 'Der Doppelgänger', *Psa. Beitr. z. Mythnf.* pp. 271, 339, etc.

psychotics,¹⁶¹ and to some extent in the 'oceanic feeling' of religious people.¹⁶²

The idea of an existence after this life does away with the necessity for recognizing the imperfections of our world. Belief in a just and benevolent God is incompatible with a knowledge of the harshness and injustices of reality; rebellion against God gives rise to anxiety. Therefore stern reality must not be recognized; and *thus excessive anxiety results not only in a regression in the development of the libido but also in that of the ego.*¹⁶³ Regression constitutes a narcissistic gain and an hallucinatory satisfaction; its motive seems to be castration anxiety, which shuns the Œdipus situation.

This mechanism seems to play a considerable part in the case of the medicine-man, who, according to the view of the Australian, is torn to pieces and put together again by the ancestral spirits, who replace his entrails with those of spirits. He receives from them a quartz crystal, which, as Róheim shows,¹⁶⁴ is an excremental symbol into which the flesh of the father, when eaten, is transformed. Thus he receives his magic powers through an incorporation of the father. When a wizard injects excrement into a sick man, he is endeavouring to free himself from the introjected object and to play out in action the aggression experienced in phantasy. When he introduces the excremental symbol into the patient's body and again removes it, he enacts, through projection, the injury and healing of his own body, as well as that of the object. Róheim supposes that the black sorcerer, who gratifies his sadistic and anal instincts in their unsublimated form, was the precursor of the medicine-man, in whom the same instincts manifest themselves in an inhibited or sublimated form, when he first introduces

¹⁶¹ Storch, *The Primitive Archaic Forms of Inner Experiences and Thought in Schizophrenia*, 1924.

¹⁶² Freud, *Civilization and its Discontents*.

¹⁶³ Freud shows that in psychosis the original flight from reality is succeeded by an active phase of transformation; the new phantastic outside world usurps the place of external reality. In neurosis, on the other hand, as in children's games, the phantasy-life gladly attaches itself to a part of reality ('Loss of Reality in Neurosis and Psychosis', p. 282). In the Christian religion of the Middle Ages the flight from the world is very clear, and the endeavour to substitute the life beyond for the life here bears a close resemblance to psychotic mechanisms.

¹⁶⁴ Róheim, 'Nach dem Tode des Urvaters', *Imago*, 1923, p. 101.

into the patient and then removes from him excremental symbols.¹⁶⁵ In the same way the principal measures employed by the physicians of the Middle Ages were purges and enemas, but they also administered excrement as a medicine.¹⁶⁶

The rôle of sadism in the development of the art of *medicine* is evident.¹⁶⁷ All kinds of mutilation—castration, blinding, and so on—were practised long before remedial surgery.¹⁶⁸ Bartels conjectures that the experience thus acquired afforded a stimulus to therapeutic surgery. In the fifteenth century the French surgeons asked leave to practise vivisection¹⁶⁹ on prisoners of war, in order to find out the best method of lithotomy.¹⁷⁰ Only two hundred years ago the executioner acted as a physician; he first tortured criminals and then bandaged and cured them, thus acquiring considerable knowledge. When, by performing a hundred executions, he became 'honourable',¹⁷¹ he was legally qualified to practise medicine. In Prussia¹⁷² and Denmark¹⁷³ two public hangmen actually became Court physicians.

No less clear than the sadistic impulses are *the restitutive impulses of the physician*. It is the doctor's business both to cut and to bind up, to extract substances from the body and to administer medicine. Here we have the same mechanism as Ella Sharpe has shown to be typical in the artist's sublimation: externalization of the objects and a magical fulfilment of the sadistic and restitutive tendencies.

¹⁶⁵ Ibid., p. 103.

¹⁶⁶ Paullini, *Heilsame Dreckapotheke*.

¹⁶⁷ Amongst the Indians of Dakota a physician who for a long time has no patients suffers great inconvenience from the unrest of the spirits. To appease them, he draws blood from time to time from the arm of some individual and drinks the blood (Bartels, op. cit., p. 51). Probably these tormenting spirits represent his own sadistic instincts.

¹⁶⁸ Bartels, op. cit., p. 293.

¹⁶⁹ Several surgeons of the fifteenth and sixteenth centuries are said to have dissected living criminals (Baas, *Geschl. Entw. d. ärztl. Standes*, s. 235, 173; Hyrtl, 23), but these reports are doubted by other authors (Töply, 'Gesch. d. Anatomie', *Handb. d. Gesch. d. Med.*, p. 227). Rabbi Ismail speaks of the vivisection of a criminal (Preuss, *Handb. d. Gesch. d. Med.*, p. 112).

¹⁷⁰ Hopf, *Die Anfänge der Anatomie*.

¹⁷¹ Höfler, *Volksmedizin in Oberbayern*, p. 62.

¹⁷² Tillmann, *Chirurgie*, I, p. 6.

¹⁷³ Stricker, *Zur ärztlichen Kulturgeschichte*.

The originally magical activity of the medicine-man seems to be based on his identification with the omnipotent father. I have attempted to show that an arrest on the early level of ego-development is caused by intense anxiety; the restoration of the patient calms the medicine-man's guilt-feeling and anxiety, and a reduction of the anxiety helps him to a better relationship to reality. This shows itself in the acquisition and use of empirical knowledge, which he was unable to achieve before, because of his excessive anxiety.¹⁷⁴ The originally magical activities of the physician become increasingly real: he does often hold the life or death of the patient in the hollow of his hand. In so far as he satisfies in reality his sense of omnipotence he stands midway between the artist and the hero.

The magician who collects excrement and professes to cause death by magic gestures and incantations corresponds to the psychotic, while the medicine-man—in Róheim's view¹⁷⁵—corresponds to the obsessional neurotic. The modern physician's activities, however, represent a sublimation. In the executioner who first tortures and then heals the criminal¹⁷⁶ we see displayed in a neurotic form the same tendencies as in the surgeon's sublimation. In the obsessional neurosis the patient's marked ambivalence produces a strong tension between the two tendencies, and this is the cause of the obsessive and rigid nature of the neurotic symptom. In the sublimation the tension is lessened so that the two tendencies blend in an activity adapted to reality.

The physician not only heals, he investigates. Róheim¹⁷⁷ points out that anatomy originated in cannibalism¹⁷⁸; and medical writers derive it from the *Anatomia sacralis* and *culinaris*.¹⁷⁹ The priest's

¹⁷⁴ In the sixteenth century arrow-wounds were cauterized with hot oil, because they were thought to be poisoned. Ambroise Paré (1510–1590), on one occasion when he was short of oil and bound up the wounds simply with ointment, was the first to prove that the earlier mode of treatment was unnecessary and injurious. Thus, dread of the poisoned wounds had hindered empirical observation (Baas, op. cit., p. 219).

¹⁷⁵ Róheim, 'Nach dem Tode des Urvaters', *Imago*, 1923, p. 103.

¹⁷⁶ Cf. Buchner, *Anno Dazumal*, p. 111.

¹⁷⁷ Róheim, 'Nach dem Tode des Urvaters', *Imago*, 1923, p. 112.

¹⁷⁸ Cf. also in pathology the various comparisons with food, e.g. lardaceous, caseous, hardbake (MacCallum, *Pathology*).

¹⁷⁹ Höfler, 'Germanische Medizin'. *Handb. d. Gesch. d. Med.*, p. 462; also L. Hopf, *Die Anfänge der Anatomie*, pp. 15, 22, etc.

investigation of the victim's organs is apparently a substitute for the earlier practice of devouring them. The absorbing of knowledge corresponds to oral introjection, while the description of facts corresponds to a restitution, that which was absorbed being once more transposed into the outside world. Scientific research consists of analysis and synthesis—the latter signifying a magical restitution. Incantation, the naming, weighing or measuring of objects are regarded as giving power over them.¹⁸⁰ On the other hand, the description of objects signifies restitution, for it implies an assurance that it is whole and unharmed. Thus we find that the measuring of the sick was held to be a means of restoring them to health.¹⁸¹ To name a spirit is either a curse and an insult, or a prayer and a token of submission, according to the subject's attitude. Naming, describing, drawing and measuring produce magically the sense of omnipotence, probably because both the sadistic and the restitutive aims are gratified, and thus the dread of the object is allayed. Hence scientific research seems to depend on the same mechanism as the artist's sublimation, the two probably having a common origin in magical incantations.

In this paper I have tried to prove my assumption that there is a *twofold reaction to the introjection of the father*: (a) *a hypochondriacal and paranoid anxiety resulting from the projection of the subject's own aggressive tendencies and* (b) *a narcissistic love for the introjected object and magical identification with its omnipotence*. These mechanisms have originally—in so far as they are exclusive and falsify reality—a psychotic character. The hypochondriacal fear of the introjected object and the projection of the dreaded object are of a paranoid nature. The flight to the internal object—the basis of the magical attitude and of the delusion of grandeur—together with renunciation of the relation to reality and activity in it and of the normal boundaries of the ego, may play an important rôle in schizophrenia.

The chief process in the mechanism of projection appears to be an obsessional attempt to expel the introjected object. The strength of the projection is in proportion to the dread felt. Non-recognition of reality is conditioned primarily by exaggerated anxiety.

Painful reality evokes aggression and this, in its turn, anxiety. If the anxiety is excessive, the mental economy must have recourse

¹⁸⁰ Sartori, 'Zählen, Messen, Wägen', *Am Urquell*, pp. 9-12, 58, 87, 101, 189; cf. also Róheim, 'Das Selbst', *Imago*, 1921, pp. 319, 322.

¹⁸¹ Sartori, *op. cit.*

to non-recognition of perceptions which cause pain or stimulate anxiety. If magical activities assuage anxiety, its excess must prevent insight into their uselessness. But even in paranoia, when the world is peopled with pursuing demons, the economic principle asserts itself, for the patient's dread of them is less than that of the internal object and can be more successfully combated. I have endeavoured to demonstrate elsewhere how anxiety may lead to the abandonment of real activity and of the normal boundaries of the ego. Thus arrest on an early level of ego-development—non-recognition of the reality-principle—and the predominance of these psychotic mechanisms are probably conditioned by excessive anxiety and are the result of dynamic processes.

The flight to the internal object may take place if the flight to the external object causes too much anxiety. It would be interesting to ascertain how far the flight to the internal object is caused or reinforced by an unfavourable reality.

Bartels points out¹⁸² that the idea of 'possession' is foreign to Germanic thought and that demons are conceived of as attacking from without, as is evidenced by common German phrases. The Australian conception is the opposite. Similarly, magic plays only a small part in Germanic ideas, and it can be combated by real means.¹⁸³ Probably the fear of the introjected object in primitive men is greater, because in consequence of an unfavourable reality projection was not so helpful. The fact that the other members of the tribe were few and at a distance, for example, making it difficult for them to help, might have contributed to this, or it may be that an unfavourable natural environment increases the fear of external objects.

Melanie Klein¹⁸⁴ and Ella Sharpe¹⁸⁵ have shown that an essential condition of sublimation and ego-development is the projection of the introjected objects. When—in primitive man—the capacity for projection is defective because of excessive anxiety, development is checked. I would suppose this to be one main cause of the lack of cultural development in primitive man. With primitives, who do not succeed sufficiently in working over their anxiety, the psychotic

¹⁸² Bartels, *Die Medizin der Naturvölker*, p. 13.

¹⁸³ A. Lehmann, *Zauberei und Aberglaube*, p. 76.

¹⁸⁴ Klein, 'The Importance of Symbol-Formation in the Development of the Ego', *JOURNAL*, 1930, XI.

¹⁸⁵ Sharpe 'Certain Aspects of Sublimation and Delusion', *JOURNAL*, 1930, XI.

mechanisms become more apparent. Alfred Storch¹⁸⁶ has demonstrated that the mode of thought of primitive man largely resembles that of the schizophrenic, especially in his magical taboos, his unshakable belief in the omnipotence of thought and in the supernatural efficacy of physical functions and, further, in his lack of any sharply delimited ego-feeling. He works out the parallels between catatonic abstraction and the absorption of mystical ecstasy, and emphasizes the lavish use made of images and symbols, the dissociation and multiplication of personality and the personalization of single constituents of the ego. Storch's arguments about the similarity between the thought of psychotics and savages can be supplemented by analytic knowledge. The psycho-analytical view of schizophrenia is that regression has taken place to the oral level of libidinal development. As Róheim has shown,¹⁸⁷ uncivilized people, as distinct¹⁸⁸ from civilized ones are arrested on the oral level. Róheim¹⁸⁹ and Stärcke¹⁹⁰ state that civilized man is characterized by obsessional neurotic traits belonging to the second anal phase; it would be equally justifiable to speak of psychotic traits in uncivilized man. Recently, Melanie Klein¹⁹¹ has put forward the view that psychosis is characterized not only by a regression to an early level of libidinal development or an arrest at it, but also by the predominance of a super-ego introjected in the earliest phases of ego-development. But, as I have tried to emphasize, demons, witches, etc., also are projections of the super-ego on the oral, more rarely on the early anal level. Finally, mention must be made of the resemblance I have pointed out between the belief in demons and paranoid delusions, and the weakness of the appreciation of reality in savages.

So analysis proves the assumption of Storch of an analogy between savages and psychotics, but it cannot follow his theoretical explanations of this fact. Storch's explanation of the resemblance between the

¹⁸⁶ Storch, *The Primitive Archaic Forms of Inner Experiences and Thought in Schizophrenia*, 1924.

¹⁸⁷ Róheim, 'Die Völkerpsychologie und die Psychologie der Völker', *Imago*, 1926, p. 277.

¹⁸⁸ Cf. also on the differences of the ego-development in savages and civilized people, Vierkandt, *Naturvölker und Kulturvölker*, 1896.

¹⁸⁹ Róheim, loc. cit.

¹⁹⁰ Stärcke, *Psychoanalyse und Psychiatrie*, pp. 27, 28, 32.

¹⁹¹ Klein, 'Personification in the Play of Children', *JOURNAL*, 1929, p. 200.

schizophrenic and the savage is that the psychotic regresses to a level which belongs to an earlier stage of evolution and corresponds to that of primitive man. That is to say, he sees in psychosis simply a regression in ego-development. Psycho-analysis regards psychosis as the result of a dynamic process in which libidinal regression leads to regression of the ego-development.

Furthermore, beside the resemblances there are also differences which ought not to be neglected. Psychotic traits in savages are not always at work, and not in the same degree, as in the mentally ill; primitive men have an adaptation to reality—although it may be defective—they are able to provide themselves with the necessities of life and to form a social organization. Primitive man has not regressed to a low level but has remained on it; and all the individuals in a primitive community are roughly at the same stage of development, while the psychotic in a civilized race sets himself in opposition to his environment. This seems to me to be an important point, because when the fears are shared by all alike, there is a better chance of combating them and relieving anxiety, whereas psychotics are excluded from society and for that reason regress still further.

From the two reactions here described to the introjection of the father there seems to have developed *two mechanisms* which enable the subject to overcome anxiety; they are based on the flight to the internal or external object. Whichever mechanism is the stronger will produce the character of *introversion* or *extraversion* in an individual or people. It seems that hypochondriacal and paranoid anxiety is worked over by an obsessional neurotic mechanism, based on a flight to an external object.¹⁹² By projecting the ambivalence on several persons in the outer world, the help of persons considered good can be used against 'bad' internal or external objects, thus relieving the anxiety. When anxiety is soothed in this way, it makes flight to the outer world possible again, and this leads to a betterment of the real situation and a reduction of the anxiety.

Magic, by means of which anxiety is overcome and the battle with the outside world is waged, has for its basis the flight to the internal object. I have tried to show that excessive anxiety leads to non-recognition of reality; hence, in the development of human civilization one important function of magic is so far to assuage anxiety that a firmer relation to

¹⁹² N. Searl has pointed out the importance of this mechanism in her paper, 'The Flight to Reality', JOURNAL, Vol. X., 1929.

reality is possible. I have instanced the evolution of medicine to show that empirical means gradually took the place of magical. Magic having appeased anxiety, it became possible to observe nature empirically and remedies which proved themselves successful in practice rendered magic superfluous. Magic, based on flight to the internal object, is a method of combating the external one. A reduction of the dread felt for the latter facilitates the flight to reality, and thus in its turn assists in bringing about an improvement of the real situation. These two processes, the flight to the internal or external object, may in favourable cases work together, strengthen each other and achieve a betterment of reality. These mechanisms may help gradually to overcome the psychotic traits; this is why, in civilized nations, where these mechanisms are at work in a favourable way, the psychotic characteristics fall into the background.

As civilization developed, the gradual modification of psychotic to neurotic and magical mechanisms overcame the original psychotic condition of the horde on the death of the primal father. Here we have a phylogenetic analogy to the ontogenetic evolution described by M. Klein. In her book now in preparation she gives an account of an early psychotic state that she regards as a normal phase in development, which is gradually modified into a neurosis and thus overcome.

If neurotic traits and sublimations do in fact succeed psychotic mechanisms in mankind, we are justified in assuming that in the course of time anxiety and ambivalence have diminished, partly through various modes of elaboration and partly because these latter have led to an improvement in man's real situation. We must bear in mind that anxiety does not simply cease, but assumes other forms better adapted to reality,¹⁹³ and that, when the methods of 'working over' break down, very strong psychotic anxiety may emerge. Nevertheless, that this is comparatively rarely the case, and that mankind tends to substitute real means for magical to allay anxiety, goes to prove that anxiety actually diminishes as civilization proceeds. In times of cultural development a flight to reality takes place; by this means the external world is gradually mastered and simultaneously a defence against the introjected object is provided.

¹⁹³ Höfler remarks that apparently the fear of germs and microbes has taken the place of the dread of demons of sickness (*Volksmedizin in Oberbayern*, p. 8).

BIBLIOGRAPHY

- Abraham, Karl : ' A Short Study of the Development of the Libido.' *Selected Papers on Psycho-Analysis*. (Hogarth Press.) 1928.
- Andree, Richard : *Die Anthropophagie*. Leipzig. 1887.
- Andree, Richard : *Ethnologgraphische Parallelen und Vergleiche*. 1876.
- Baas, H. : *Die geschichtliche Entwicklung d. ärztl. Standes*. Berlin. 1896.
- Bálint, Alice : ' Die mexikanische Hieroglyphe atl-tlachinolli '. *Imago*. 1923.
- Bartels, Max : *Die Medizin der Naturvölker*. Leipzig. 1893.
- Bäumer, Eduard : *Die geschichte des Badewesens*. Breslau. 1901.
- Buchner, E. : *Anno Dazumal*. Berlin. 1927.
- Crawley, A. E. : *The Idea of the Soul*. London. 1909.
- Dörbeck, F. : *Geschichte der Pestepidemien in Russland*. Breslau. 1906.
- Ebstein, W. : *Die Medizin im alten Testament*. Stuttgart. 1901.
- Ferenczi, Sandor : ' Silence is Golden '. *Further Contributions to Theory and Technique of Psycho-Analysis*. (Hogarth Press.) 1926.
- Fossel : *Volksmedizin in Steiermark*. 1800.
- Frazer, James : *Taboo and the Perils of the Soul*. London. 1900.
- Frazer, James : *The Magic Art and the Evolution of Kings*.
- Freud, Sigmund : *Totem und Tabu*. Gesammelte Schriften. Bd. X.
- Freud, Sigmund : ' Our Attitude to Death '. *Collected Papers*. Vol. IV. (Hogarth Press.) 1925.
- Freud, Sigmund : *Civilization and its Discontents*. (Hogarth Press.) 1930.
- Freud, Sigmund : ' A Neurosis of Demoniactal Possession in the Seventeenth Century '. *Collected Papers*. Vol. IV. (Hogarth Press.) 1925.
- Freud, Sigmund : ' The Loss of Reality in Neurosis and Psychosis '. *Collected Papers*. Vol. II. 1924.
- Freud, Sigmund : ' Psycho-Analytic Notes upon an Autobiographical Account of a Case of Paranoia '. *Collected Papers*. Vol. III. 1925.
- Freud, Sigmund : *Group Psychology and the Analysis of the Ego*. (Hogarth Press.) 1922.
- Grimm's *Fairy Tales*.
- Harnack, A. v. : *Medizinisches aus der ältesten Kirchengeschichte*. 1892.
- Hawthorne : *The Scarlet Letter*.
- Hecker : *Der schwarze Tod*. Berlin. 1832.
- Höfler, Max : *Deutsches Krankheitsnamenbuch*. Munich. 1899.
- Höfler, Max : *Volksmedizinische Organotherapie*. Stuttgart. 1908.
- Höfler, Max : *Volksmedizin und Aberglaube in Oberbayern*. Munich. 1893.
- Höfler, Max : ' Germanische Medizin '. *Handbuch der Geschichte der Medizin*. Neuburger und Pagel. 1903.
- Holländer, E. : *Die Karikatur und Satire in der Medizin*. 1905.
- Hopf, Ludwig : *Die Anfänge der Anatomie bei den Kulturvölkern*. 1904.

- Hovorka und Kronfeld : *Vergleichende Volksmedizin*. Stuttgart. 1908.
- Hyrtil : *Antiquitates anatomicæ rariores*. 1835. Vindobona.
- Jones, Ernest : *Der Alptraum*. Leipzig. 1912.
- Jones, Ernest : 'Cold, Disease and Birth'. *Papers on Psycho-Analysis*. 3rd Edition. 1923.
- Jones, Ernest : 'The Madonna's Conception through the Ear'. *Essays in Applied Psycho-Analysis*. (Hogarth Press.) London. 1923.
- Kemmerich, M. : *Kulturkuriosa*. Munich. 1909.
- Klein, Melanie : *Technique and Theory of the Analysis of Children* (in preparation).
- Klein, Melanie : 'The Importance of Symbol-Formation in the Development of the Ego'. *INTERNAT. JOURNAL OF PSYCHO-ANALYSIS*, 1930.
- Klein, Melanie : 'Personification in the Play of Children.' *INTERNAT. JOURNAL OF PSYCHO-ANALYSIS*. 1929.
- Kleinpaul, Rudolf : *Volkspsychologie*. 1914. Berlin.
- Krauss, Friedrich : *Volks Glaube und religiöser Brauch der Südslaven*. Münster. 1890.
- Lehmann, Alfred : *Aberglaube und Zauberei*. 3rd Ed. Stuttgart. 1925.
- Levy-Bruhl : *Das Denken der Naturvölker*. Vienna. 1921.
- Löwenstimm, August : *Aberglaube und Strafrecht*. Berlin. 1897.
- MacCallum : *A Text Book of Pathology*. Philadelphia. 1926.
- Magnus, H. : *Die Organ und Bluttherapie*. Breslau. 1906.
- Mannhardt, Wilhelm : 'Die praktischen Folgen des Aberglaubens'. *Deutsche Zeitfragen*. 1878.
- Mauthner, Fritz : *Der Atheismus und seine Geschichte im Abendlande*. 1920.
- Mönkemöller : *Geisteskrankheit und Geistesschwäche in Satire, Sprichwort und Humor*. Halle. 1906.
- Neuburger : *Einleitung*. Hovorka und Kronfeld's *Vergleichende Volksmedizin*. Stuttgart. 1908.
- Oefele : 'Vorhippokratische Medizin', etc. *Handbuch der Geschichte der Medizin*. Neuburger und Pagel. 1903.
- Ophuijsen : J. H. W. Van : 'Über die Quelle der Empfindung des Verfolgtwerdens'. *Internationale Zeitschrift für Psychoanalyse*. 1919.
- Pagel, J. : *Geschichte der Medizin. Einführung in die*. 1898.
- Paullini, Chr. : *Heilsame Dreckapotheke*. 1697. Frankfurt a. M.
- Peters, H. : *Der Arzt und die Heilkunst in deutscher Vergangenheit*. 1899.
- Peters, H. : *Aus pharmazeutischer Urzeit*. Berlin. 1897.
- Preuss : 'Die Medizin der Juden'. *Handbuch der Geschichte der Medizin*. Neuburger und Pagel. 1903.
- Rank, Otto : 'Der Doppelgänger'. *Psychoanalytische Beiträge zur Mythenforschung*. Internat. Psychoanalytischer Verlag. 1919.
- Reik, Theodor : *Der eigene und der fremde Gott*. Internat. Psychoanalyt. Verlag. 1923.
- Reik, Theodor : *Geständniszwang und Strafbedürfnis*. Int. Ps. Verlag.

- Reik, Theodor : *Probleme der Religionspsychologie*. Int. Psa. Verlag. 1919.
- Reik, Theodor : 'Dogma und Zwangsidee'. *Imago*. 1927.
- Róheim, Geza : 'Nach dem Tode des Urvaters'. *Imago*. 1923.
- Róheim, Geza : 'Das Selbst'. *Imago*. 1921.
- Róheim, Geza : 'Völkerpsychologisches zu Freud's *Massenpsychologie und Ichanalyse*'. *Internationale Zeitschrift für Psychoanalyse*. 1922.
- Róheim, Geza : 'Völkerpsychologie und die Psychologie der Völker'. *Imago*. 1926.
- Sartori : Zählen, Messen, Wägen. *Am Urquell*. 1896.
- Schneider, W. : *Die Religion der Afrikaner*. Münster. 1891.
- Searl, Nina : 'The Flight to Reality'. *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*. 1929.
- Seligmann, S. *Der böse Blick und Verwandtes*. Berlin. 1910.
- Sharpe, Ella : 'Certain Aspects of Sublimation and Delusion'. *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*. 1930.
- Simmel, Ernst : 'The "Doctorgame", Illness and the Profession of Medicine'. *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*. 1926.
- Stern, Bernhard : *Medizin, Aberglaube, und Geschlechtsleben in der Türkei*.
- Stärke, August : 'The Reversal of the Libido-Sign in Delusions of Persecution'. *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*. 1920.
- Stärke, August : *Psychoanalyse und Psychiatrie*. Internat. Psychoanalytischer Verlag. 1921.
- Storch, Alfred : *The Primitive Archaic Forms of Inner Experience and Thought in Schizophrenia*. New York. 1924.
- Strack, Hermann : *Das Blut im Glauben u. Aberglauben der Menschheit*. Munich. 1900.
- Stricker, W. F. C. : *Beiträge zur ärztlichen Culturgeschichte*. 1865.
- Taine, Hippolyte : *Les origines de la France contemporaine*. Paris. 1882.
- Tausk, Victor : 'Über die Entstehung des "Beeinflussungsapparates" in der Schizophrenie'. *Internationale Zeitschrift für Psychoanalyse*. 1919.
- Tillmanns, H. : *Lehrbuch der Chirurgie*. Leipzig. 1899.
- Töply : 'Die Geschichte der Anatomie', *Handb. d. Gesch. d. Med.* 1903.
- Vierkandt, A. : 'Anfänge der Religion u. Zauberei', *Globus*. Bd. 92. 1907.
- Vierkandt, A. : *Naturvölker und Kulturvölker*. Leipzig. 1896.
- Vierordt, V. H. : *Medizinisches aus der Geschichte*. Tübingen. 1910.
- Warneck, Johann : *Die Religion der Battak*. 1909.
- Witkowski, G. J. : *Le mal qu'on a dit des médecins*. Paris. 1884.
- Wislocki, H. : *Und religiöser der Zigeuner Volksglaube und religiöser Brauch*. Münster. 1891.
- Wundt, W. : *Völkerpsychologie*. Bd. IV. Leipzig. 1920.
- Wuttke, A. : *Der deutsche Volksaberglaube der Gegenwart*. III. Aufl. 1900.
- Zwaan, J. P. Kleiweg de : *Anthropologische Untersuchungen über die Niasser*. Hague. 1914.

FETISHISM IN STATU NASCENDI¹

BY

ALEXANDER S. LORAND

NEW YORK

My friendship with the parents of a little boy of four permitted me to observe him. He was an only child, the centre of attention and the object of over-tenderness from both the mother and father, as well as from relatives and friends. The observations I am going to present will not strike you as new, since psycho-analytical practice offers the opportunity to reconstruct early childhood happenings similar to these. The only reason for presenting them is to add to the evidence behind Freud's most recent conception of fetishism, described first in 1928.

I shall give you a brief history of the little boy, so that the connection between the symptoms and his preceding experiences should be more comprehensible.

Harry was precocious and his mental development was very rapid. His interest in and curiosity about all things was the most outstanding of his characteristics, and led like a red thread through every phase of his development. It showed itself in innumerable questions about everything and everybody. But this stopped to a great degree at about the age of four, when he began to try to figure out things for himself, such as numbers, the meaning of words, etc. When I first took notice of the rather curious habit I am about to describe, he was just four, and had been indulging in the habit for a few months. The habit consisted of stroking and kissing the shoes of women friends of his mother, but only those friends whom he liked exceptionally well. Also, when women friends were seated around the table, he tried to lift their skirts and to peer under them. This habit of exploring under the skirt reached back to about a year previous; the mother had first noticed it on a boat excursion. Harry was trying to lift up her own skirt and that of a woman friend and made quite a scene when reproached. More recently he had been asking repeatedly—in reference to one particular friend of his mother—whether she had the same big pussy (this was his word for penis) as daddy, to the great embarrassment of the parents. He had other questions which embarrassed the parents, and often asked them in the presence of other people. He had

¹ Read before the International Psycho-Analytical Congress, Oxford, July, 1929.

various ways of enquiring about bowel and urinary functions. The answers, usually given by the mother, did not seem to satisfy him. When the mother explained that the urine came from the water which he drank and the fæces from the solid food, he asked : ' How is it then that I drink so much cold water and the we-we is so hot, and the food smells so nice when I eat it and smells so bad when it comes out ? ' These questions, with many others, remained unanswered by the mother.

When he was reprimanded by the mother for fondling the shoes of her women friends, and asked why he did it, this usually very active child became suddenly silent, retired to his own room, and for the next few hours could hardly be made to talk.

The parents were flattered by my interest in the child, although not from the scientific aspect. They were flattered only in so far as the interest of any person would have flattered them. So I became a good friend of Harry's and visited him for more than half a year, once or twice weekly, usually on Sundays and holidays, when I spent nearly the whole afternoon in his company. He soon became very intimate with me. At my first visit he tried to fondle my shoes, which the parents said was very unusual. He had never before fondled the shoes of men. He introduced me to his toyland, and began to tell me little stories, some of which had been read to him from story-books. Most of them he himself had created.

When his confidence in me had grown, he tried to approach me with questions, apparently to see whether they would elicit from me answers different from those his parents had given him. The questions concerned the origin of children, death, and once there was a question about the use of the penis. The question was put in this form : ' Do you use your pussy to make we-we too '. At the time I began my observations, his favourite form of play was to sit for hours at his little desk, dressing paper dolls. In our talk about this, I asked him directly once whom he was dressing when he dressed a doll, and he answered spontaneously : ' Mama '. Actually he took a great interest in his mother's clothes. He made comments on her appearance ; he was always around her when she dressed and wanted to help her. He also paid close attention to what his mother ate, and said he wanted her to remain thin, since he did not like fat women. The mother was very careful of her appearance and paid particular attention to her footwear, buying several pairs of shoes at once.

After playing by himself for a while he would suddenly shriek so as

to send his parents running into the room. He explained that he had shrieked because he saw a dark shadow in front of the window or a dark cloud passing by. He showed me how he had to lie face down on the ground and press his face to it, in order not to see the shadow. He used to dream about a dark cloud and then run frightened into his mother's bed, which was near his, since he shared a room with the mother and the father slept in the next room. When he went into his mother's bed, he said, he was no longer afraid. He told me also of a dream in which he saw the obelisk in Central Park. There was a man in front of it talking to the children about the length of the shadow which the obelisk cast. The mother told me that this had actually happened once in Central Park.

When I visited him the next time after he had told me the story of the obelisk-shadow dream, he jumped happily into my lap and told me about another dream. He had seen a child—a wooden child—with an immense nose. The hands were cut off. 'You cut them off', he said to me, laughingly. When I asked why I had cut them off, he said that I had done it in order that the child might not be able to scratch. When I asked, 'To scratch what', he answered, 'The nose'. Previously to that the mother had told me that the child had developed the habit of continually adjusting his panties in the front, and that she had called his attention to it, saying that it wasn't nice. Harry went on, telling me about another child, also with a big nose, who climbed trees to look for caterpillars, that the caterpillars chewed away his nose and made it small. For a long time after that, whenever I came to see him, he would begin by saying, 'Do you know what happened to the child since last time?' And then go on telling me that another part of the body had been eaten away. Once an arm, the next time another arm, a leg, etc. I learned that the parents had tried to frighten him by saying that if he should tell a lie, the hardness or softness of his nose would show it.

In the meantime he developed a fear of infection. If he scratched his finger only a little—not even to the point of bleeding—he himself ran to the bathroom and put iodine on it. He displayed these iodine marks proudly and always wanted assurance that nothing would happen to him. This habit of iodining began after he had seen a man in the subway with both hands bandaged, the bandages discoloured with blood. He told me also of a girl he had seen in camp the previous summer, a girl who did not have fingers on either hand. At that time he was afraid to approach her and would talk to her only from a dis-

tance. It was explained to him then that her fingers had been frozen off, but now he continually asked me why she had no fingers.

The next time I came he approached me quietly, and with fear in his eyes, he said, 'You won't make me disappear, will you?' At this visit he was not much concerned with his toys, neither did he talk much. Instead, he sat at his little desk and seriously scribbled on a piece of paper and drew figures. When he saw that I was interested in his drawings, he drew a boy and a girl for me, and then an 'ugly big boy'. He drew their eyes and ears very carefully, counted out five fingers on each hand, and in every case attached to the lower part of the abdomen the line which meant the "pussy." Again he returned to talk about scratches and wounds, and wanted to be assured that his tonsils, which had been removed the year before, had been removed completely and that he would not have to be operated on again.

At my next visit I was informed that the day before, when left alone in his room, Harry had cut a lock of hair from the front of his head. He was ready to discuss the matter, and laughingly told me the story, saying that he did not know why he had done it, but that he was sorry.

During this visit a relative came in to visit the family, a man with one leg amputated. Harry could not be induced to enter the room; the moment he heard the voice of the man outside the door he ran screaming into the bedroom. The next time I saw him he put many eager questions about death, and in a crying voice he said that he wanted his father to live for ever, not to die soon. He was also eager to get answers to his questions as to where children come from. The father had explained to him that God makes them and sends them down. Inexhaustible questions followed this explanation. 'How do they come down? There is no stairway'. Then he pestered his parents to tell him why some children are boys and some are girls. The mother's explanation was that they are wrapped in clothes, and the clothes make them either boys or girls. To which Harry's answer was: 'Why did you dress me in boy's clothes when you wanted a girl?' This question referred to a remark his father had once made to him, telling him to behave because his mother wanted a girl anyhow, and a girl gives no trouble. He wanted me to tell him whether children are born nude, how many children God makes, and if He makes them, why doesn't He make them grown-up? When I asked him why he would prefer that children should be born grown-up, he thought for a

while and then answered: 'So I shouldn't have to eat so many vegetables'.

As I have already mentioned, his parents had separate sleeping rooms; he slept in his mother's room; until a year previous he had slept in the same bed with her and at times he did it even now. This gave him ample opportunity to explore the mother's body. Sometimes, when sitting on the mother's lap, in my presence, he reached up towards her breasts. When asked what he was doing he answered laughingly that he was looking for 'daddy'. The mother seemed to understand what he meant, and told me that just after his operation for phymosis, which I shall talk about later, he saw a cow with many udders and said, 'See how many pussies the cow has?' He was very jealous of his father, and when the father kissed the mother good-bye he had to follow it by kissing the mother a hundred times.

At the age of two he had been operated on for phymosis, after which he was afraid, for a long time, of moving objects, particularly of a pendulum of a clock, which the parents connected with a large pendulum-clock that had stood in the waiting room of the physician. Also just before the operation, the father had carried the boy around on his shoulders, and the swinging chandelier had struck him on the head. At that age he had been much admired for his ability to pick out any phonograph record he was asked to bring, out of the hundred odd which the parents owned. Now, nearly three years later, I took a few of the records and asked Harry to show me how he recognized them. Around the centre hole of each disc, where it was placed on the pivot, were two lines. He recognized faulty points in these lines, and also practically unnoticeable variations in the colour of the label paper again particularly towards the centre hole. This strong scopophilic instinct remained unchanged, as did his power to memorize things seen or heard. His liking for drawing returned, after a lapse of a few months, but now his figures were not as distinctive as those described formerly. He still attached a penis to the figures of both boys and girls, but it was no longer a simple line. It assumed a greater similarity to the male genitals, and to a certain degree the whole body was genitalized—the most important parts of the drawing being the long neck, the small chest, and a very small head. The eyes in the other drawings had been very carefully filled out with pupils, now they were merely circles.

His fondness for caressing shoes was not exhibited any longer. It seemed that reprimands and urging of his parents had enabled him to suppress it.

The history you have just heard, although fragmentary, nevertheless provides material for conclusions based on Freud's presentation of fetishism, and adds evidence on fetishism in its original, childhood stage. Freud's paper presented fetishism as a substitute for the mother's phallus, which the little boy once believed in and does not want to renounce as a protection against his castration anxiety. Fetishism is the final consequence of the retention of this fantasy even after the individual has been convinced of its falsehood, but in childhood there are other consequences of the 'female penis' phantasy. In connection with the case of little Harry, I was particularly interested in the footnote to Freud's paper, in which he refers back to his 1910 paper, 'A Childhood Memory of Leonardo da Vinci'. Here he had stated that in foot or shoe fetishism, the foot or shoe is a substitute symbol for the female penis, the female being always the mother. This casual mention already contained the conclusion presented in 1928 and could not have led to any other. All investigations of fetishism, particularly Abraham's, led to the conclusion that the fetish has something to do with the female penis. We know that all psycho-sexual difficulties and perversions in adult life are the result of experiences in early childhood sexual development, and of a fixation in this period, and the fetish is a substitute for the woman's penis; then immediately the explanation offers itself that the woman can be no one else but the mother, who is the first love object and who is always with the child during his early sexual development and around whom it takes place. But it is quite a different thing from theoretical conjecture to follow facts taking place before one's very eyes.

We can talk of fetishism only, as Freud says, when the fetish is completely separate from the beloved person and has assumed in itself all the attributes of the sexual object. This is fetishism as a perversion in adults. But in childhood, the same fetishistic manifestation is transient, and likely to disappear under the force of repression. It is deserving of attention in its early stage of development, where the child's interest cannot yet be separated from the love object—the mother. Sexual development is in full progress. The castration anxiety, which is the pivot around which the child's sexual development moves, and which activates his clinging to the belief in the female penis, brings about various manifestations. We must consider the castration anxiety as being very strong in order to create a denial of a fact which the little boy had had ample opportunity to learn. Little Harry's curiosity, which always led him to try and discover new things

and which sharpened the scopophilic tendencies that showed themselves in his ability to memorize faint graduations of colour and line in phonograph records, were certainly connected so very early with curiosity about sexual matters. The stronger the exploration tendencies, more and more reality acceptances are demanded. And if they continue in sexual matters, as a natural consequence, more repression has to come about at the stage when the super-ego, with its prohibitive faculty, sets in. We must conceive that the prohibitive faculty of the super-ego made its appearance quite late in little Harry's case, when the curiosity regarding the mother's body and genitals had been unrestricted for a long period. And in spite of the evidence which the little boy certainly met, he could not change his conception of the female penis. Accepting the truth would have interfered with the almost limitless gratifications attached to his curiosity, which reached its peak in the opportunity to sleep with the mother and to climb all over her. From the standpoint of the super-ego he could only carry this out as long as the mother and he were of the same physical make up. The realization of the sex difference between them would, *eo ipso*, have put an end to all sexual playing with the mother (climbing under her skirt, etc.).

This fundamental fantasy of endowing the mother with a penis must have had its effect on another important fantasy—that of childbirth. His constant questioning between the age of four and five about childbirth showed his acute conflict and also his strivings to solve it in a satisfactory way. With the acceptance of the mother's penis, the rejection of the vagina was accomplished and with it the vaginal childbirth theory.²

In the creation of Harry's infantile neurosis and its symptoms the guilt-feeling took an outstanding part. The impulses that Freud put down as being of primary importance in the creation of fetishism—the epistemophilic instinct and ophresolagnia, were marked in Harry as early as the age of two, and put the castration anxiety harder at work. The outcome of this later, as we know, was the endowment of the mother with a penis, which, after a fashion, can be taken as identification of the mother with himself. He made the mother like himself, in order not to be forced to give up his own penis, the narcissistic evaluation of which may have been strengthened by his observation

² See Fenichel: 'Some Infantile Sexual Theories not Hitherto Described', *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*, Vol. V, 1928.

of his father, whose genitals he had free and ample opportunity to observe. We can conceive of the various powers at work in little Harry's sexual tendencies. His genital tendencies, at the peak of the Oedipus period, drew him toward possession of the mother, which involves the tendency of possessing her with the penis. In this sense he had reached the genital level of the Oedipus period. But while he was at the very height of his self-esteem, after having been the centre of attention his whole life and having had all the opportunity to play around with the mother, the prohibition and deprivation of the developing super-ego began to show itself against these genital aims. This Harry conceived of as the castration anxiety. So, as a compromise between his craving and his guilt, he endowed the mother with the penis, which saved him from castration, since it was a denial of the mother's vagina, and the happy triangle of father, mother, child was kept up as before, without any interruption.

In this early little drama, differences in the distribution of dynamic powers must be responsible for the choice, as Freud says: homosexuality brought on by the fear of castration after the sight of the female genital, fetishism created to ward the castration fear off, or the complete conquest of the castration fear.

In all three cases—normality, homosexuality, fetishism—we can say that the mode and degree of identification with the parent is one very important factor in the outcome of the castration complex, and with it the creation of perversion or normal sex attitude. The homosexual is nearly a complete feminine identification, accepting the mother as she is, with the female genital, making himself like her. The healthy outcome is a perfect masculine identification with the father. Fetishism saves the individual from becoming homosexual but saves him, at the same time, from becoming normal, which would bring the danger of castration.

Little Harry showed a definite tendency to a feminine identification, which he displayed by his imitation of the mother and also by his questions as to why the parents had not dressed him as a girl, since they wanted one. What needs explanation is how, in such early childhood, we already see such a clear differentiation between two ways of identification. Certainly Freud's thesis that the quantitative impulses are responsible for the origin of every neurosis can be applied here, and they help us to an understanding of the formation of fetishism. A certain degree of vacillation in little Harry's object choice was shown when he not only fondled the shoes of women but at the beginning

of my contact with him, tried to do the same with my shoes. He tried first to polish and kiss them, later he used to try to ride on them, in a sitting position, which may have given him the pleasurable sensation of rocking, and the contact with the anal region. His tender treatment of the shoes, and the complete absence of the hostile element, could be ascribed, after Freud's explanation, to the lack of a stronger identification with the father. When there is a strong identification with the father in adult fetishists, there may be both a worshipful and a castrating attitude toward the fetish, as I had the opportunity to observe in the case of one of my patients, who sublimated his fetishistic tendencies in his occupation. He had been attracted by women all his life, and had never consummated sex intercourse. His orgasms were attained by seeing and fondling the genital hair, and at times by pulling it to the degree of causing pain. In his sexual object-choice the colour of the hair was of importance. After graduating from college as an accountant, he became a furrier. This gave him the opportunity to work with furs, to cut them, and in this line he made quite a success.

I should like to stress the drawings which I am presenting, and the change they underwent during the half-year which elapsed between the first and the second sets. The tendency to genitalize the whole body and to emphasize more and more the size of the genitals themselves, was shown in the later drawings, when we can consider Harry's conception of the female penis fading. The more he had to realize the inescapable fact of the absence of the female penis, the stronger his castration fear became, and necessitated a stronger adherence to the fantasy of the female penis in the drawings.

In little Harry's case, the cutting with the scissors, drawing, the fondling of the shoes, the continual dressing of the dolls, which may have meant the reverse, undressing them (which was expressed in his tendency to climb under the skirts of women visitors)—all this play was connected with his infantile erotic urges as all playing is, and as this connection was described and evaluated by Dr. Pfeifer and Mrs. Klein.

In his fondling of my shoes may be seen some appeal to the father to lessen the castration fear.

THE PRINCIPLE OF RELAXATION AND NEOCATHARSIS¹

BY
S. FERENCZI
BUDAPEST

At the conclusion of this essay many of you will very likely have the impression that I ought not to have called it 'Progress in Technique', seeing that what I say in it might more fittingly be termed retrogressive or reactionary. But I hope that this impression will soon be dispelled by the reflection that even a retrograde movement, if it be in the direction of an earlier tradition, undeservedly abandoned, may advance the truth, and I honestly think that in such a case it is not too paradoxical to put forward an accentuation of our past knowledge as an advance in science. Freud's psycho-analytical researches cover a vast field: they embrace not only the mental life of the individual but group psychology and study of human civilization; recently also he has extended them to the ultimate conception of life and death. As he proceeded to develop a modest psychotherapeutic method into a complete system of psychology and philosophy, it was inevitable that the pioneer of psycho-analysis should concentrate now on this and now on that field of investigation, disregarding everything else for the time being. But of course the withdrawal of attention from facts earlier arrived at by no means implied that he was abandoning or contradicting them. We, his disciples, however, are inclined to cling too literally to Freud's latest pronouncements, to proclaim the most recently discovered to be the sole truth and thus at times to fall into error. My own position in the psycho-analytical movement has made me a kind of cross between a pupil and a teacher, and perhaps this double rôle gives me the right and the ability to point out where we are tending to be one-sided and, without foregoing what is good in the new teaching, to plead that justice shall be done to that which proved its value in days past.

The technical method and the scientific theory of psycho-analysis are so closely and almost indissolubly bound up with one another that I cannot in this paper confine myself to the purely technical side; I must review part of the contents of this scientific doctrine as well.

¹ Based on a paper read at the Eleventh International Psycho-Analytical Congress, Oxford, July 28, 1929, entitled 'Progress in Analytic Technique'.

In the earliest period of psycho-analysis, a period of which I will give as concise a summary as possible, there was no talk of any such division and, even in the period immediately succeeding, the separation of technique and theory was purely artificial and made simply for purposes of teaching.

I

An intelligent patient and a physician with understanding shared in the discovery of the forerunner of psycho-analysis, namely, the cathartic treatment of hysteria. The patient found out for herself that certain of her symptoms disappeared when she succeeded in linking up fragments of what she said and did in an altered state of consciousness with forgotten impressions from her early life. Breuer's remarkable contribution to psychotherapy was this: not only did he pursue the method indicated by the patient but he had faith in the *reality* of the memories which emerged, and did not, as was customary, dismiss them out of hand as the fantastic inventions of a mentally abnormal patient. We must admit that Breuer's capacity for belief had strict limitations. He could follow his patient only as long as her speech and behaviour did not overstep the bounds marked out by civilized society. Upon the first manifestations of uninhibited instinctual life he left not only the patient but the whole method in the lurch. Moreover, his theoretical deductions, otherwise extremely penetrating, were confined as far as possible to the purely intellectual aspect or else, passing over everything in the realm of psychic emotion, they linked up directly with the physical.

Psychotherapy had to wait for a man of a stronger calibre, who would not recoil from the instinctual and animal elements in the mental organization of civilized man; there is no need for me to name this pioneer. Freud's experience forced him relentlessly to the assumption that in every case of neurosis a *conditio sine qua non* is a sexual trauma. But, when in certain cases the patient's statements proved incorrect, he too had to wrestle with the temptation to pronounce all the material they had produced untrustworthy and therefore unworthy of scientific consideration. Fortunately, Freud's intellectual acumen saved psycho-analysis from the imminent danger of being once more lost in oblivion. He perceived that, even though certain of the statements made by patients were untrue and not in accordance with reality, yet the psychic reality of their lying itself remained an incontestable fact. It is difficult to picture how

much courage, how much vigorous and logical thinking and how much self-mastery was necessary for him to be able to free his mind from disturbing affects and pronounce the deceptive unveracity of his patients to be hysterical phantasy, worthy as a psychic reality of further consideration and investigation.

Naturally the technique of psycho-analysis was coloured by these successive advances. The highly emotional relation between physician and patient, which resembled that in hypnotic suggestion, gradually cooled down to a kind of unending association-experiment; the process became mainly intellectual. They joined, as it were, their mental forces in the attempt to reconstruct the repressed causes of the illness from the disconnected fragments of the material acquired through the patient's associations. It was like filling in the spaces in an extremely complicated crossword-puzzle. But disappointing therapeutic failures, which would assuredly have discouraged a weaker man, compelled Freud once more to restore in the relation between analyst and analysand the affectivity which, as was now plain, had for a time been unduly neglected. However, it no longer took the form of influence by hypnosis and suggestion—an influence very hard to regulate and the nature of which was not understood. Rather more consideration and respect were accorded to the signs of transference of affect and of affective resistance which manifested themselves in the analytical relation.

This was, roughly speaking, the position of analytical technique and theory at the time when I first became an enthusiastic adherent of the new teaching. Curiously enough, the first impetus in that direction came to me through Jung's association-experiments. You must permit me in this paper to depict the development of the technique from the subjective standpoint of a single individual. It seems as though the fundamental biogenetic law applies to the intellectual evolution of the individual as of the race; probably there exists no firmly established science which does not, as a separate branch of knowledge, recapitulate the following phases: first, enlightenment, accompanied by exaggerated optimism, then the inevitable disappointment and, finally, a reconciliation between the two affects. I really do not know whether I envy our younger colleagues the ease with which they enter into possession of that which earlier generations won by bitter struggles. Sometimes I feel that to receive a tradition, however valuable, ready-made is not so good as achieving something for oneself.

I have a lively recollection of my first attempts at the beginning of my psycho-analytical career. I recall, for instance, the very first case I treated. The patient was a young fellow-physician whom I met in the street. Extremely pale and obviously struggling desperately for breath, he grasped my arm and implored me to help him. He was suffering, as he told me in gasps, from nervous asthma. He had tried every possible remedy but without success. I took a hasty decision, led him to my consulting-room, got him to give me his reactions to an association-test and plunged into the analysis of his earlier life, with the help of this rapidly sown and harvested crop of associations. Sure enough, his memory-pictures soon grouped themselves round a trauma in his early childhood. The episode was an operation for hydrocele. He saw and felt with objective vividness how he was seized by the hospital-attendants, how the chloroform-mask was put over his face and how he tried with all his might to escape from the anæsthetic. He repeated the straining of the muscles, the sweat of anxiety and the interrupted breathing which he must have experienced on this traumatic occasion. Then he opened his eyes, as though awaking from a dream, looked about him in wonder, embraced me triumphantly and said he felt perfectly free from the attack.

I could describe many other 'cathartic' successes similar to this, at about this time. But I soon discovered that, in nearly all the cases where the symptoms were thus cured, the results were but transitory, and I, the physician, felt that I was being gradually cured myself of my exaggerated optimism. I tried by means of a deeper study of Freud's work and with the help of such personal counsel as I might seek from him to master the technique of association, resistance and transference. I followed as exactly as possible the technical hints that he published during this period. I think that I have already told elsewhere how, with the deepening of my psychological knowledge as I followed these technical rules, there was a steady decrease in the striking and rapid results that I achieved. The earlier, cathartic therapy was gradually transformed into a kind of analytical re-education of the patient, which demanded more and more time. In my zeal (I was still a young man) I tried to think out means for shortening the period of analysis and producing more visible therapeutic results. By a greater generalization and emphasizing of the principle of frustration (to which Freud himself subscribed at the Congress at Budapest, in 1918), and with the aid of artificially produced accentuations of tension ('active therapy'), I tried to induce a

freer repetition of early traumatic experiences and to lead up to a better solution of them through analysis. You are doubtless aware that I myself and others who followed me sometimes let ourselves be carried away into exaggerations of this active technique. The worst of these was the measure suggested by Rank and, for a time, accepted by myself—the setting of a term to the analysis. I had sufficient insight to utter a timely warning against these exaggerations, and I threw myself into the analysis of the ego and of character-development, upon which in the meantime Freud had so successfully entered. The somewhat one-sided ego-analysis, in which too little attention was paid to the libido (formerly regarded as omnipotent), converted analytical treatment largely into a process designed to afford us the fullest possible insight into the topography, dynamics and economy of symptom-formation, the distribution of energy between the patient's id, ego and super-ego being exactly traced out. But when I worked from this standpoint, I could not escape the impression that the relation between physician and patient was becoming far too much like that between teacher and pupil. I also became convinced that my patients were profoundly dissatisfied with me, though they did not dare to rebel openly against this didactic and pedantic attitude of the analyst. Accordingly, in one of my works on technique I encouraged my colleagues to train their analysands to a greater liberty and a freer expression in behaviour of their aggressive feelings towards the physician. At the same time I urged analysts to be more humble-minded in their attitude to their patients and to admit the mistakes they made, and I pleaded for a greater elasticity in technique, even if it meant the sacrifice of some of our theories. These, as I pointed out, were not immutable, though they might be valuable instruments for a time. Finally, I was able to state that in my experience not only did my patients' analysis not suffer from the greater freedom accorded them but, after all their aggressive impulses had exhausted their fury, positive transference and also more positive results were achieved. So you must not be too much surprised, if, once more, I have to tell you of fresh steps forward or, if you will have it so, *backward* in the path that I have followed. I am conscious that what I have to say is not at all likely to be popular with you. And I must admit that I am afraid it may win most unwelcome popularity amongst the true reactionaries. But do not forget what I said at the beginning about progress and retrogression; in my view a return to what was good in the teaching of the

past most emphatically does not imply giving up the good and valuable contributions made by the more recent development of our science. Moreover, it would be presumptuous to imagine that any one of us is in a position to say the last word on the potentialities of the technique or theory of analysis. I, for one, have learnt humility through the many vicissitudes which I have just sketched. So I would not represent what I am about to say as in any way final. In fact, I think it very possible that in a greater or lesser degree it will be subject to various limitations as time goes on.

II

In the course of my practical analytical work, which extended over many years, I constantly found myself infringing one or another of Freud's injunctions in his 'Recommendations on Technique'. For instance, my attempt to adhere to the principle that patients must be in a lying position during analysis would at times be thwarted by their uncontrollable impulse to get up and walk about the room or speak to me face to face. Or again, difficulties in the real situation, and often the unconscious machinations of the patient, would leave me with no alternative but either to break off the analysis or to depart from the general rule and carry it on without remuneration. I did not hesitate to adopt the latter alternative—not without success. The principle that the patient should be analysed in his ordinary environment and should carry on his usual occupation was very often impossible to enforce. In some severe cases I was even obliged to let patients stay in bed for days and weeks and to relieve them of the effort of coming to my house. The sudden breaking-off of the analysis at the end of the hour very often had the effect of a shock and I would be forced to prolong the treatment until the reaction had spent itself; sometimes I had to devote two or more hours a day to a single patient; often, if I would not or could not do this, my inflexibility produced a resistance which I felt to be excessive and a too literal repetition of traumatic incidents in the patient's childhood; it would take a long time even partly to overcome this unconscious identification of his. One of the chief principles of analysis is that of frustration, and this certain of my colleagues and, at times, I myself applied too strictly. Many patients suffering from obsessional neurosis saw through it directly and utilized it as a new and quite inexhaustible source of resistance-situations, until the physician finally decided to knock this weapon out of their hands *by indulgence*.

I had the greatest conscientious scruples about all these infringements of a fundamental rule (and about many others which I cannot instance in detail here), until my mind was set at rest by the authoritative information that Freud's 'Recommendations' were really intended only as warnings for beginners and were designed to protect them from the most glaring blunders and failures; his precepts contained, however, almost no positive instructions, and considerable scope was left for the exercise of the analyst's own judgement, provided that he was clear about the metapsychological consequences of his procedure.

Nevertheless, the exceptional cases have become so numerous that I feel impelled to propound another principle, not hitherto formulated, even if tacitly accepted. I mean the *principle of indulgence*, which must often be allowed to operate side by side with that of frustration. Subsequent reflection has convinced me that my explanation of the way in which the active technique worked was really a very forced one: I attributed everything that happened to frustration, i.e. to a 'heightening of tension'. When I told a patient, whose habit it was to cross her legs, that she must not do so, I was actually creating a situation of libidinal frustration, which induced a heightening of tension and the mobilization of psychic material hitherto repressed. But when I suggested to the same patient that she should give up the noticeably stiff posture of all her muscles and allow herself more freedom and mobility, I was really not justified in speaking of a heightening of tension, simply because she found it difficult to relax from her rigid attitude. It is much more honest to confess that here I was making use of a totally different method which, in contrast to the heightening of tension, may safely be called *relaxation*. We must admit, therefore, that psycho-analysis employs two opposite methods: it produces heightening of tension by the frustration it imposes and relaxation by the freedom it allows.

But with this, as with every novelty, we soon find that it contains something very, very old—I had almost said, something commonplace. Are not both these principles inherent in the method of free association? On the one hand, the patient is compelled to confess disagreeable truths but, on the other, he is permitted a freedom of speech and expression of his feelings such as is hardly possible in any other department of life. And long before psycho-analysis came into existence there were two elements in the training of children and of the masses: tenderness and love were accorded to them, and at the

same time they were required to adapt themselves to painful reality by making hard renunciations.

If the International Psycho-Analytical Association were not so highly cultivated and self-disciplined an assembly, I should probably be interrupted at this point in my discourse by a general uproar and clamour. Such a thing has been known to happen even in the English House of Commons, usually so dignified, when a particularly infuriating speech has been made. 'What on earth do you really mean?' some of you would shout. 'We have scarcely reconciled ourselves to some extent to the principle of frustration, which you yourself carried to all lengths in your active technique, when you upset our laboriously placated scientific conscience by confronting us with a new and confusing principle, whose application will be highly embarrassing to us.' 'You talk of the dangers of excessive frustration', another and no less shrill voice would chime in. 'What about the dangers of coddling patients? And, anyhow, can you give us any definite directions about how and when the one or the other principle is to be applied?'

Softly, ladies and gentlemen! We are not yet advanced far enough to enter on these and similar details. My only object for the moment was to prove that, even though we may not admit it, we do actually work with these two principles. But perhaps I ought to consider certain objects which naturally arise in my own mind too. The fact that the analyst may be made uncomfortable by being confronted with new problems surely need not be seriously discussed!

To compose your minds I will say with all due emphasis that the attitude of objective reserve and scientific observation which Freud recommends to the physician remains, as ever, the most trustworthy and, at the beginning of an analysis, the only justifiable one and that, ultimately, the decision as to which is the appropriate method must never be arrived at under the influence of affective factors but only as the result of intelligent reflection. My modest endeavours have for their object merely a plain definition of what has hitherto been vaguely described as the 'psychological atmosphere'. We cannot deny that it is possible for even the cool objectivity of the physician to take forms which cause unnecessary and avoidable difficulties to the patient, and there must be ways and means of making our attitude of friendly goodwill during the analysis intelligible to him without abandoning the analysis of transference-material or falling into the errors of those who treat neurotics, not analytically, i.e. with complete sincerity, but with a simulation of severity or of love.

III

I expect that various questions and objections, some of them, I admit, very awkward ones, have arisen in your minds. Before we discuss them, let me state the main argument which, in my view, justifies us in emphasizing the principle of relaxation side by side with that of frustration and of the objectivity, which is a matter of course for the analyst. The soundness of any hypothesis or theory is tested by its theoretical and practical usefulness, i.e. by its heuristic value, and it is my experience that the acknowledgment of the relaxation-principle has produced results valuable for both theory and practice. In a number of cases in which the analysis had come to grief over the patient's apparently insoluble resistances, when a change was made from the too rigid tactics of frustration hitherto employed, and analysis was once more attempted, it was attended with much more substantial success. I am not speaking only of patients who had failed to get well with other analysts and who gratified me, their new analyst, by taking a turn for the better (partly out of revenge on the old, perhaps). I am speaking of cases in which I myself, with the one-sided technique of frustration, had failed to get any further but, on making a fresh attempt and allowing more relaxation, I had not nearly so long-drawn-out a struggle with interminable personal resistances, and it became possible for physician and patient to join forces in a less interrupted analysis of the repressed material, or, as I might say, to tackle the 'objective resistances'. On analysing the patient's former obstinacy and comparing it with the readiness to give way, which resulted from the method of relaxation, we found that a rigid and cold aloofness on the analyst's part represented to the patient a continuation of his infantile struggle with authority, and the same reactions in character symptoms were repeated as formed the basis of the real neurosis. Hitherto my idea in terminating the treatment has been that one need not be afraid of these resistances and might even provoke them artificially; I hoped (and to some extent I was justified) that, when the patient's analytical insight had gradually closed to him all avenues of resistance, he would be cornered and obliged to take the only way left open, namely, that which led to health. Now I do not deny that every neurotic must inevitably suffer during analysis; theoretically it is self-evident that the patient must learn to endure the suffering which originally led to repression. The only question is whether sometimes we do not make him suffer

more than is absolutely necessary. I decided on the phrase '*economy of suffering*', to express what I have realized and am trying to convey—and I hope it is not far-fetched—namely, that the principles of frustration and indulgence should both govern our technique.

As you all know, we analysts do not attach a very great scientific importance to therapeutic effects in the sense of an increase in the patient's feeling of well-being. Only if our method results not merely in his improvement but in a deeper insight into the process of recovery may we speak of real progress in comparison with earlier methods of treatment. The way in which patients improved when I employed this relaxation-therapy as well as the older method was in many cases quite astonishing. In hysterics, obsessional neurotics and even in persons of nervous character-types the familiar attempts to reconstruct the past went forward as usual. But, after we had succeeded in a somewhat less superficial manner than before in creating an atmosphere of confidence between physician and patient and in securing a fuller freedom of affect, hysterical physical symptoms would suddenly make their appearance, often for the first time in an analysis extending over years. These symptoms included paræsthesias and spasms, definitely localized, violent emotional movements, like miniature hysterical attacks, sudden alterations of the state of consciousness, slight vertigo and a clouding of consciousness with subsequent amnesia for what had taken place. Some patients actually begged me to tell them how they had behaved when in these states. It was easy to see that these symptoms were fresh aids to reconstruction—physical memory-symbols, so to speak. But there was this difference—this time, the reconstructed past had much more feeling of actuality and concreteness about it than heretofore, approximated much more closely to an actual recollection, whereas till then the patients had spoken only of possibilities or, at most, of varying degrees of probability and had yearned in vain for memories. In certain cases these hysterical attacks actually assumed the character of trances, in which fragments of the past were relived and the physician was the only bridge left between the patients and reality. I was able to question them and received important information about dissociated parts of the personality. Without any such intention on my part and without my making the least attempt to induce a condition of the sort, unusual states of consciousness manifested themselves, which might almost be termed autohypnotic. Willy-nilly, one was forced to compare them with the phenomena of the Breuer-Freud *catharsis*. I

must confess that at first this was a disagreeable surprise, almost a shock, to me. Was it really worth while to make that enormous detour of analysis of associations and resistances, to thread the maze of the elements of ego-psychology and even to traverse the whole metapsychology in order finally to arrive at the good old 'friendly attitude' to the patient and the method of catharsis, long believed to have been discarded? But a little reflection soon set my mind completely at rest. There is all the difference in the world between this cathartic termination to a laborious psycho-analysis and the fragmentary eruptions of emotion and recollection which the primitive catharsis could provoke and which had only a temporary effect. The catharsis of which I am speaking is, like many dreams, only a confirmation from the unconscious, a sign that our toilsome analytical construction, our technique of dealing with resistance and transference, have finally succeeded in drawing near to the ætiological reality. There is little that the paleocatharsis has in common with this *neocatharsis*. Nevertheless we must admit that here, once more, a circle has been completed. Psycho-analysis began as a cathartic measure against traumatic shocks, the effects of which had never spent themselves, and against pent-up affects; it then devoted itself to a deeper study of neurotic phantasies and their various defence-mechanisms. Next, it concentrated rather on the personal affective relation between analyst and patient, being in the first twenty years mainly occupied with the manifestations of instinctual tendencies and, later, with the reactions of the ego. The sudden emergence in modern psycho-analysis of portions of an earlier technique and theory should not dismay us; it merely reminds us that, so far, no single advance has been made in analysis which has had to be entirely discarded as useless and that we must constantly be prepared to find new veins of gold in temporarily abandoned workings.

IV

What I am now about to say is really the logical sequel to what I have already said. The recollections which neocatharsis evoked or corroborated lent an added significance to the original traumatic factor, when we compared the ætiology of the different neuroses. The precautions of the hysteric and the avoidance of the obsessional neurotic may, it is true, have their explanation in purely psychic phantasy-formations; nevertheless the first impetus towards abnormal lines of development had always been received through real

psychic convulsions and conflicts with the environment—incidents of the nature of traumas and having the effect of shock. Such were invariably the precursors of the formation of nosogenic psychical forces, for instance, of conscience. Accordingly, no analysis can be regarded (at any rate in theory) as complete unless we have succeeded in penetrating to the traumatic material produced in recollection. This statement is based, as I said, on experience acquired in relaxation-therapy; if it be true, it adds considerably (from the theoretical as well as the practical standpoint) to the heuristic value of this modified technique. Having given due consideration to phantasy as a pathogenic factor, I have of late been forced more and more to deal with the pathogenic trauma itself. It became evident that this is far more rarely the result of a constitutional hypersensibility in children (causing them to react neurotically even to a commonplace and unavoidable painful experience) than of really improper, unintelligent, capricious, tactless or actually cruel treatment. Hysterical phantasies do not lie when they tell us that parents and other adults do indeed go monstrous lengths in the passionate eroticism of their relations with children, while, on the other hand, when a quite innocent child responds to this half-unconscious play on the part of its elders the latter are inclined to think out severe punishments and threats which are altogether incomprehensible to him and have the shattering effects of a shock. To-day I am returning to the view that, beside the great importance of the Œdipus complex in children, a great significance must also be attached to the repressed incestuous affection of adults, which masquerades as tenderness. On the other hand, I am bound to confess that children themselves manifest a readiness to engage in genital eroticism more vehemently and far earlier than we used to suppose. Many of the perversions children practise probably indicate not simply fixation to a pregenital level but regression from an early genital level. In many cases the trauma of punishment falls upon children in the midst of some erotic activity, and the result may be a permanent disturbance of what Reich calls 'orgastic potency.' But the premature forcing of genital sensations has a no less terrifying effect on children; what they really want, even in their sexual life, is simply play and tenderness, not the violent ebullition of passion.

Observation of cases treated by the neocathartic method gave further food for thought; one realized something of the psychic process in the traumatic primal repression and gained a glimpse into the

nature of repression in general. The first reaction to a shock seems to be always a transitory psychosis, i.e. a turning-away from reality. Sometimes this takes the form of negative hallucination (hysterical loss of consciousness—fainting or vertigo), often of a positive hallucinatory compensation, which makes itself felt immediately as an illusory pleasure. In every case of neurotic amnesia, and possibly also in the ordinary childhood-amnesia, it seems likely that a psychotic dissociation of a part of the personality occurs under the influence of shock. The dissociated part, however, lives on in hiding, ceaselessly endeavouring to make itself felt, without finding any outlet except in neurotic symptoms. For this notion I am partly indebted to discoveries made by our colleague, Elisabeth Severn, which she personally communicated to me.

Sometimes, as I said, we achieve direct contact with the repressed part of the personality and persuade it to engage in what I might almost call an infantile conversation. Under the method of relaxation the hysterical physical symptoms have at times led us back to phases of development in which, since the organ of thought was not yet completely developed, physical memories alone were registered.

In conclusion, there is one more point I must mention, namely, that more importance than we hitherto supposed must be attached to the anxiety aroused by menstruation, the impression made by which has only been properly emphasized by C. D. Daly; together with the threat of castration it ranks with the traumatic factors.

Why should I weary you, in a discourse which is surely mainly concerned with technique, with this long and not even complete list of half-worked-out theoretical arguments? Certainly not in order that you may whole-heartedly espouse these views, about which I myself am not as yet quite clear. I am content if I have conveyed to you the impression that more consideration of the long neglected traumatic genetic factor promises to be fruitful, not only for practical therapy but for the theory of our science.

V

In a conversation with Anna Freud in which we discussed certain points in my technique she made the following pregnant remark: 'You really treat your patients as I treat the children whom I analyse'. I had to admit that she was right and I would remind you that in my most recent publication, a short paper on the psychology of unwanted children who later become subjects for analysis, I stated that the real analysis of resistances must be prefaced by a kind of comforting pre-

liminary treatment. The relaxation-technique which I am suggesting to you assuredly obliterates even more completely the distinction between the analysis of children and that of adults—a distinction hitherto too sharply drawn. In making the two types of treatment more like one another I was undoubtedly influenced by what I saw of the work of Georg Groddeck, the courageous champion of the psycho-analysis of organic diseases, when I consulted him about an organic illness. I felt that he was right in trying to encourage his patients to a childlike *naïveté* and I saw the success thus achieved. But, for my own part, I have remained faithful to the well-tried analytical method of frustration as well, and I try to attain my aim by the tactful and understanding application of *both* forms of technique.

Now let me try to give a reassuring answer to the probable objections to these tactics. What motive will patients have to turn away from analysis to the hard reality of life if they can enjoy with the analyst the irresponsible freedom of childhood in a measure which is assuredly denied them in actuality? My answer is that even in analysis by the method of relaxation, as in child-analysis, we take care that performance does not outrun discretion. However great the relaxation, the analysis will not gratify the patient's actively aggressive and sexual wishes or many of their other exaggerated demands. There will be abundant opportunity to learn renunciation and adaptation. Our friendly and benevolent attitude may indeed satisfy that childlike part of the personality which hungers for tenderness, but not the part which has succeeded in escaping from the inhibitions in its development and becoming adult. For it is no mere poetic licence to compare the mind of the neurotic to a double malformation, something like the so-called *teratoma* which harbours in a hidden part of its body fragments of a twin-being which has never developed. No reasonable person would refuse to surrender such a *teratoma* to the surgeon's knife, if the existence of the whole individual were threatened.

Another discovery that I made was that repressed hate often operates more strongly in the direction of fixation and arrest than openly confessed tenderness. I think I have never had this point more clearly put than by a patient whose confidence, after nearly two years of hard struggle with resistance, I won by the method of indulgence. 'Now I like you and now I can let you go', was her first spontaneous remark on the emergence of a positive affective attitude towards me. I believe it was in analysis of the same patient that I was able to prove that relaxation lends itself particularly well to the

conversion of the repetition-tendency into recollection. So long as she identified me with her hard-hearted parents, she incessantly repeated the reactions of defiance. But when I deprived her of all occasion for this attitude, she began to discriminate the present from the past and, after some hysterical outbreaks of feeling, to remember the psychic shocks of her childhood. We see then that, while the similarity of the analytical to the infantile situation impels patients to repetition, the contrast between the two encourages recollection.

I am of course conscious that this twofold method of frustration and indulgence requires from the analyst himself an even greater control than before of counter-transference and counter-resistance. It is no uncommon thing for even those teachers and parents who take their task seriously to be led by imperfectly mastered instincts into excess in either direction. Nothing is easier than to use the principle of frustration in one's relation with patients and children as a cloak for the indulgence of one's own unconfessed sadistic inclinations. On the other hand, exaggerated forms and quantities of tenderness may subserve rather one's own, possibly unconscious, libidinal tendencies than the ultimate good of the individual in one's care. These new and difficult conditions are an even stronger argument in support of the view often and urgently put forward by me, namely, that it is essential for the analyst himself to go through an analysis reaching to the very deepest depths and putting him into control of his own character-traits.

I can picture cases of neurosis, in fact I have often met with them in which (possibly as a result of unusually profound shocks in infancy) the greater part of the personality becomes, as it were, a *teratoma*, the task of adaptation to reality being shouldered by the fragment of personality which has been spared. Such persons have actually remained almost entirely at the child-level, and for them the usual methods of analytical therapy are not enough. What such neurotics need is really to be adopted and to partake for the first time in their lives of the advantages of a normal nursery. Possibly the analytic sanatorium-treatment recommended by Simmel might be developed with special reference to these cases.

If even part of the relaxation-technique and the findings of neo-catharsis should prove correct, it would mean that we should substantially enlarge our theoretical knowledge and the scope of our practical work. Modern psycho-analysis, by dint of laborious effort, can restore the interrupted harmony and adjust the abnormal distri-

bution of energy amongst the intrapsychic forces, thus increasing the patient's capacity for achievement. But these forces are but the representatives of the conflict originally waged between the individual and the outside world. After reconstructing the evolution of the id, the ego and super-ego many patients repeat in the neocathartic experience the primal battle with reality, and it may be that the transformation of this last repetition into recollection may provide a yet firmer basis for the subject's future existence. His situation may be compared with that of the playwright whom pressure of public opinion forces to convert the tragedy he has planned into a drama with a 'happy ending'. With this expression of optimism I will conclude.

THE FEMININITY-COMPLEX IN MEN¹

BY

FELIX BOEHM

BERLIN

As early as 1915, when the third edition of the *Drei Abhandlungen zur Sexualtheorie* appeared, Freud remarked in a footnote: 'This [observation] shows that in human beings there is no such thing as pure masculinity or pure femininity, either in the *psychological*² or the biological sense. On the contrary, we find in every individual a combination of the characteristics of his or her sex, as biologically determined, with biological traits belonging to the other sex and a blending of activity and passivity, not only in so far as these *psychic*² characteristics depend on the biological but also where they are not so dependent.'

In the *Ego and the Id*³ Freud says: 'This is one of the ways in which bisexuality takes a hand in the subsequent vicissitudes of the Oedipus complex. The other way is even more important. For one gets the impression that the simple Oedipus complex is by no means its commonest form, but rather represents a simplification or schematization which, to be sure, is often enough adequate for practical purposes. Closer study usually discloses the more complete Oedipus complex which is twofold, positive and negative, and is due to the bisexuality originally present in children: that is to say, a boy has not merely an ambivalent attitude towards his father and an affectionate object relation towards his mother, but at the same time he also behaves like a girl and displays an affectionate feminine attitude to his father and a corresponding hostility and jealousy towards his mother. It is this complicating element introduced by bisexuality that makes it so difficult to obtain a clear view of the facts in connection with the earliest object-choices and identifications, and still more difficult to describe them intelligibly. It may even be that the ambivalence displayed in the relations to the parents should be attributed entirely to bisexuality.'⁴

¹ Read before the German Psycho-Analytical Society, November 12, 1929.

² The italics are mine.

³ Page 42.

⁴ In another place ('Some Psychological Consequences of the Anatomical Distinction between the Sexes', this JOURNAL, Vol. VIII, p. 135).

In my opinion not sufficient justice has been done in analytical literature to the great significance of these hypotheses of Freud's. I intend therefore to direct your attention to various facts, knowledge of which is important in the analysis of men. My own experience, too, has repeatedly taught me that in the negative Œdipus attitude boys do not simply hate the mother, but envy her and are jealous of the part she plays with the father. Many boys and youths are conscious of envying girls and women because of the many points in life and in family-relations in which they are favoured, especially by the father. The young male is conscious of a wish to avenge himself, and many boys in their younger days have experienced a feeling of hatred for a long, thick 'pigtail.' Similarly, in every case in which latent or manifest homosexual impulses have made themselves felt, the man has been jealous of some female rival; he has felt hatred, envy and jealousy of any woman who was on intimate terms with the male object of his desire. These jealous impulses can be very clearly observed in a man whose close friend has just been married, and we may be certain of coming across them in the analysis of every male patient.

Let me quote an example which I met with in my own practice: A patient who had become conscious of some latent homosexuality and had reacted to the discovery with very marked feelings of guilt and inferiority, told me of a homosexual period in his life, roughly between the ages of nine and eleven. He said: 'It happened that some battle-ships came into harbour at the place where I lived and I conceived a sentimental attraction to the sailors, especially for one man, with whom I corresponded for quite a long time. They used to invite women from our town to festivities on board. I was jealous of these women because of their association with the sailors. I can quite well recall my feelings of envy and jealousy of these girls.' Here are some further particulars from this man's analysis: In his education and in his professional career as a physician he had been perfectly equal to the demands made upon him but, on occasion, he suffered from impaired potency. He said of himself: 'My achievements show a great fluctuation: slackness and passivity alternate with a capacity

Freud says: 'The matter is made more difficult to grasp by the complicating circumstance that even in boys the Œdipus complex has a double orientation, active and passive, in accordance with their bisexual constitution; the boy also wants to take his mother's place as the love-object of his father—a fact which we describe as the feminine attitude.'

for pulling myself together and accomplishing a great deal, considerably more than anyone would expect of men. Often I give an impression of affectation and then suddenly I surprise people by a display of unexpected virility. It amuses me to make my fellow-physicians believe for quite a long time that I am lacking in intelligence and then to astonish them by some wholly unexpected intellectual feat.' I commented: 'Like a woman who carries an invisible fœtus for a long period and then surprises those about her by suddenly producing a loudly wailing infant'.

The patient displayed great resistance to the uncovering of a desire in him to beget a mighty hero or the saviour of the world. Instead, feminine tendencies made their appearance: 'A colleague of mine in hospital gave a little party just after an operation in which I had assisted. I was still wearing my white gown with wide, loose sleeves and I wondered whether I ought to fasten these with elastic bands. I thought: "No, I won't do that. My arms are like a woman's and the effect will be piquant. Any girl might be glad to have arms like mine." So I went to the party with my sleeves loose. Smoking in this get-up seemed like mixing masculine and feminine traits, and I immediately thought that I must seem like a Pasha. I thought that I combined the characteristics of a woman and a Pasha'. 'I have small, feminine hands and am proud of them'.

'Yesterday I had a pain in the upper part of my thigh and the gluteal region. I have not been able to make up my mind to stop wearing my thin, short underclothes and probably I have caught a chill. They looked so coquettish and reminded me of a woman's fine undergarments'. 'Last night I had the following dream: I was in my room and I saw in a looking-glass the reflection of my head only. I had on some feminine head-dress, a hat or rather a kerchief such as old women wear at home. My face was round and pretty and pleased me. I had dark hair, but my face had not such an animated expression as that of my grandmother. The reflection in the glass was smiling'. 'My associations to this dream are as follows: I am said to be very like my mother. The reflection in the mirror was like the daughter and the wife of one of my father's employers'. 'Once, when I was nine years old, my step-sister, aged twenty, was sitting opposite me and I rubbed my penis against her knees. Later when I read something about onanism and recollected this scene, I had an overwhelming sense of guilt'. I pointed out to the patient the connection between the sense of guilt, which he must assuredly have had at the time of this

episode, and his feminine attitude at the same age towards the sailors. He thereupon recalled a 'quite new' memory: 'The very first time my step-sister visited my home, a year earlier, I fell head over ears in love with her, she being nineteen years old at the time. I had already noticed that my father was enamoured of her, and I thought I had caught sight of him kissing her. It would therefore have worried me terribly if a year later he had found out that I had rubbed myself against her knees. The first time she paid us a visit, my father gave her a pair of fine, new snow-shoes, quite up-to-date, whereas I had only a shabby old pair. I felt very jealous of her and could not understand why my father should make a favourite of her'. His step-sister's visits stirred up feminine as well as masculine tendencies in him. The next dream he had was as follows: 'I saw a shaven patch, where generally there is hair, and I saw part of a female genital organ'. His associations to this dream were as follows: 'When a man has just shaved, people say he is as smooth as a sucking-pig or a child's buttocks; when a woman is going to have an abdominal operation, the genital region is shaved. During the first months of my analysis I consciously took the greatest pains to make progress in it; now, for a long time, I have behaved in analysis like a woman who feels the child growing within her'. 'I have another association to that dream: I think I had a vague feeling that the shaven patch was part of my own body'. The patient complained of a new symptom—a spasmodic contraction of the walls of the stomach and intestines. Giving his associations to this he said: 'In the summer of my ninth year an older boy told me the facts of sex. I was staying at the sea-side, and there were pools in which were little fish, about two centimetres long. Yesterday you compared my behaviour with that of a pregnant woman. To-day my mistress was complaining of a headache, and I asked if she also felt sick. She said: "No, that comes later on." I have got a slight headache myself to-day'. 'It is true that the shape of the little fishes which I told you about reminds me of spermatozoa'. In other words, the patient's spasmodic contractions of the stomach represented symptoms of pregnancy (or labour pain). I interpreted his dreams and associations by telling him that his ostensible masculinity was a mask for marked feminine tendencies.

Another patient, about thirty years old, who had come to me for treatment because of defective potency and the frequent occurrence of *ejaculatio præcox*, had been consistently successful in life and gave no one the impression that he was ill. There could be no question of any

particular passivity, only he had never so far succeeded in wooing a woman for himself. He gave the following association of his own accord: 'When I was a boy and, I think, still when I was adolescent, I used when in the bath to squeeze my genitals in between my legs and press the upper part of my arms together so that they looked like a woman's bosom. I used to think to myself: "If anyone comes in now, he won't know whether I am a man or a woman."' 'As a child I often used to try to press my testicles up into my body till they disappeared; that was a very common game'. 'And I used to try in different ways to draw my penis up to my navel' (i.e. he tried to have coitus with himself). 'I used to envy acrobats because they could reach their own genitals with their faces'. 'When I can't get an erection, I feel as if I must bend backwards from the loins (here he made the motion of coitus in a woman); but that is a feminine movement'. 'In an earlier dream my grandmother stabbed me in the heart with a dagger. Blood flowed in streams and I screamed so loudly that I awoke. 'You once told me that this was a typical dream amongst women'. 'The first time I tried to have coitus I was unsuccessful because I stretched my legs apart, that is to say, I acted like a woman during coitus'.

Here there are two points I wish to note: attempts to conceal the testicles between the thighs or to press them up into the abdomen, to contract the muscles of the thorax so as to counterfeit a woman's breasts, or to insert the penis into the mouth or the navel (i.e. to have coitus with oneself) are so common amongst boys that I have never yet analysed a man without his telling me that he practised these or similar tricks as a boy. Moreover it is by no means unusual for adult men to try them'.⁵ One man, who certainly was a manifest homosexual, told me that on the various occasions when he attempted coitus he had the very greatest difficulty in finding the opening of the vagina, because he always felt compelled to open his legs wide. He said the reason was that this position stimulated great sensation on the inner side of the thighs.

I will now give some details from the analysis of a young man whose most prominent symptom—apart from a complete inability to approach a woman whom he desired (till he began treatment he had only had intercourse with prostitutes)—was a very pronounced indecision. Nevertheless he had been outwardly so far successful in life

⁵ Cf. P. Näcke's work on "Narcissism", published in 1899.

that the laity would not have regarded him as ill. We had once been discussing the equation gold = fæces, and the next day he brought the following dream: 'One of my left front teeth had come out and a gold tip had come off the next tooth. I had swallowed both these objects'. His associations were as follows: 'My step-father's miserliness towards me—my own miserliness—I am too miserly to put capital into the business—I will not allow myself or my principal to lay out money on the most necessary things. Think of my "twilight state" before we began analysis. I was supposed to be doing business and, instead, I would wander about the town all night looking for a water-closet. That is to say, I did not want to defecate. I prefer masturbation to coitus'. I said to the patient: 'When you masturbate, you are at once the man and the woman. In your dream you swallowed semen (the white tooth) and fæces (the gold filling), and in this way you impregnated yourself'. He immediately produced the following associations: 'When I was from five to seven years old, I used constantly to exchange my own (boy's) toys for dolls, with which I played a great deal. When I was between four and six years of age, I saw a very beautiful silk dress in an aunt's house and wanted to try to cut off a piece of it for myself. At the age of eight or nine I tried to knit like my mother and at ten years old I watched an aunt crocheting and imitated her with some success. When I was about ten, I used to devour books for school-girls. I liked to wear knickerbockers opening with a flap, like the old-fashioned shape for women, so that I had to crouch down to urinate, which pleased me. At a spa where I stayed I used at first to bathe on the women's side; when I was older, I had to bathe with my father in the men's baths. I had a great longing to go back to the women's baths and regretted that I was too big'.

'On the telephone people often address me as "*Fräulein*" because I suddenly assume a high voice'. 'I should like you to support me, that is to say, I should like to be fed by you, as my mother fed me'. 'In a book called *Frau als Hausärztin* I read that there are many men who constantly torment their wives with sexual desires. I mentally cursed these men and sympathized with the woman. I also regretted that I was a boy and would have to grow up into a man. If I had been a girl, my father would never have beaten me for wanting to possess my mother. When I was a child I read of a rising amongst Indians, in which they stabbed all the boys but let the girls live. I should like to have been a girl'.

'Because I masturbated, my mother threatened that my penis would rot away. Girls have a slit instead, so that there is nothing there to rot away. When I was excited, people could see that my penis was erect, but excitation was not noticeable in girls. When I masturbated, I lost semen, whereas girls could not lose semen'.

At this point I will interpolate something that another patient told me. He said, 'If I cried, when I was a boy, people said to me that boys must not cry, that later on I should have to be a soldier like my uncles and that a soldier does not cry even when his head is cut off. I thought to myself: Then I would rather not be a boy and not become a soldier. Why must I be a boy, anyhow?' Another patient discussed a question which often occurred to him and disquieted him: 'How could I conceal an erection in certain situations, for instance, in fancy-dress?'

Although in the three cases here outlined analysis revealed without difficulty a number of feminine traits, the patients were by no means of the type called by Ferenczi⁶ 'subject-homo-erotic'. On the contrary they were men who all alike suffered from defective potency. And perhaps this is no mere coincidence.

Let me now pass on to describe certain mental processes which may be frequently observed both in analysis and in life in general.

It happened that, a death having occurred in a certain family, a letter was addressed to the eldest sister, condoling with her and the other members, but there was no separate letter for the youngest brother. All the others thought this quite right, for there were good reasons for not writing directly to him, but the brother felt that an unjustifiable preference had been shown to his sisters, and he was furious. He was a man who all his life had tried to assert his masculinity and to tyrannize over women.

I had a patient who had never in her life experienced complete sexual gratification and who recognized only the clitoris as a sexual organ. In her analysis she displayed marked penis-envy and was never weary of railing at men, especially those of a pronounced masculine type. Analysis showed that this was because her own wish to be a man was frustrated. Conversely, I believe that, when men are always finding fault with women, it is because they are angry that they cannot themselves be women as well. The patient I mentioned

⁶ 'The Nosology of Male Homosexuality (Homo-erotism)'. *Contributions to Psycho-Analysis*, p. 303 (1916).

earlier, who could never find the opening to the vagina because, during coitus, he always felt compelled to stretch his legs apart, was incapable in analysis of uttering the words 'woman' or 'girl'. He used instead, with every sign of hatred, to employ a coarse term for the vagina.

When boys are still too young for sexual intercourse, it is a common thing for them, obviously impelled by sexual impulses, to depict coitus in obscene drawings. Frequently they draw the female genital organ, evidently because they wish they themselves could have it,⁷ or (more narcissistically) possess it in their own bodies. This idea seems strange because we are much too inclined to regard the vagina simply as a woman's genital organ. The similar representation of a cloaca almost presupposes this. The two antithetical ideas—that a man falls into a cloaca and that he has one on his own person, by means of which he can get rid of large masses, do not seem extraordinary to us. (Compare, in this connection, the figures vomiting water on the Minster at Freiburg and other cathedrals).

Many men have a trick of putting their fingers between their toes when undressing: a habit they speak of in analysis with a profound sense of guilt. I think it is a form of masturbation, like sucking the thumb and inserting the fingers into the nose and ears. To boys the spaces between the toes, like the mouth, nose, ears and navel, represent the female genital. Many boys scratch the mucous membrane of the nose till it bleeds; that is to say, they are manufacturing a wound on their own bodies. (We must remember that the unconscious conceives of the vagina as a bleeding wound.) A patient of about thirty years old once said to me: 'It vexes me that women have two openings in the lower part of their bodies, while men have only one. I envy them that'. We know that in men the rectum often plays the part of the vagina. In his 'Contributions to the Masculinity Complex in Women',⁸ van Ophuijsen says: 'Phantasies of auto-erotic coitus also occur, in which the rectum takes the place of the vagina and the fæces that of the penis'. The same is true of men, but with them it is not merely a matter of phantasy but of behaviour. We all know how men who suffer from constipation employ the fæces as a penis and the rectum as a vagina in anal masturbation. In many

⁷ We have a parallel to this in the cave-drawings recently discovered in the South of France: the so-called 'tectiform' objects depicted on the bodies of wild animals are said to represent snares and to express the wish, 'would that these beasts were in our snares'.

⁸ This JOURNAL, Vol. V., 1924, p. 47.

such men a discharge of semen (not simply of prostate secretion) occurs during defecation.

We regard the smoking of a large, heavy cigar as a sign of a specially virile nature and we are accustomed to think of the cigar as a penis-symbol. But we forget that there is another side to this: the smoker keeps on putting the cigar into his mouth, which he is using as a receptive, erotogenic organ. Freud traces a strong craving to smoke to the pleasurable-toned act of sucking at the mother's breast.

It is very common for men to indulge in an outburst of temper when they are vainly tormenting themselves in the attempt to force a stud through the stud-holes in shirt and collar. Possibly the passive role played by the stud-holes is not without significance.

One of my patients told me the following facts: 'When my father was a young man, he used to clean his ears daily with a little horn-spoon. As he grew older and my mother did not wish to have any more children, he took to drinking, like many men whose sexual intercourse with their wives encounters obstacles. In his old age he formed the habit of syringing his ears daily' (i.e. he had made his ears an erotogenic zone). In the phantasies of drunkards the mouth often plays the part of the vagina; drinking is frequently a substitute for being suckled, i.e. for a mainly passive act. Again, some drunkards identify themselves in phantasy with a woman into whose mouth a man urinates. In this connection the fact seems to me of peculiar significance that men whose sexual enjoyment is frustrated so often become drunkards; that is, they begin to behave in a 'feminine' (passive) manner. One recalls the impressive description in Freud's *Drei Abhandlungen* of pleasure-sucking in infants. He speaks of a kind of orgasm occurring after the child has been suckled.⁹ We shall not be far wrong in saying that a baby-boy, thus fed, lies in a state of bliss like that of a woman after coitus. His behaviour while he is being suckled is passive and feminine, in that he is *receptive*, and the penis-like nipple is introduced into his mouth, which is a receptive organ. We know that boy-babies often chew the breast hard with their jaws, sometimes actually wounding the nipple. That is to say, the oral-cannibalistic phase of development comes into play when they are sucking. On the other hand there is a great resemblance to coitus performed by the mouth.

⁹ Cf. Radó's remarks on 'alimentary orgasm', in 'The Psychological Effects of Intoxication.' This JOURNAL, Vol. IX, 1928, p. 313.

An exhaustive analysis of a dipsomaniac convinced me that, for him, drinking was a feminine activity, which was bound to recur whenever he had had unsatisfactory intercourse with his mistress—a married woman. I think it is no mere coincidence that this particular patient (who, be it remarked in passing, had commanded a company calmly, with assurance, throughout the war) gave evidence of an unusual number of feminine feelings. I quote some of them, taken at random : ' I am a woman. An employer whom I respect is lying on the top of me ; how would he behave in that situation ? ' ' Yesterday, when I was in the bath, I made a movement exactly like that of a woman during coitus '. ' Recently, when I was in bed, I tried to imagine the sensations of my mistress during intercourse, and I made pretty turns and twists '. (He referred to sexual movements.) ' Sometimes I have an unpleasant sensation in my abdomen ; I can produce the feeling at will '. ' To-day someone told me about an operation for hæmorrhoids. I had a feeling of anxiety, a sensation as if someone had hurt *me* in the rectum, and I felt a contraction there '. ' Yesterday I heard a woman telling about a case of very difficult childbirth. I immediately felt in my own abdomen all the sensations she was describing '. ' I suddenly have a feeling that, if I kicked up my legs very high, a female genital might be visible '. ' Last night I had a distinct physical sensation, as if I were a woman having intercourse. The feeling was between the rectum and the genitals '. During the first eighteen months of his analysis, this patient nearly always lay with his legs wide apart, although I repeatedly drew his attention to this symptom. I would note here that many male patients can describe in phantasy how pleasant it would be to be a woman and have intercourse as a woman—this is so even when feminine tendencies do not play any special part in their life.

That patient of whom I have just spoken told me that he was very sensitive to excitation in the region of the perineum, but that the *glans penis* was quite insensitive. In the course of his analysis the sensibility gradually transferred itself forwards to the scrotum and finally to the *glans penis*.¹⁰ This phenomenon is familiar to women who are skilled in erotic experiences ; when they want to produce erection in a man of feeble potency, they do not stimulate the penis, but the region of the perineum, the scrotum or the inside of the thighs.

¹⁰ Cf. Abraham's remarks on this subject, in his ' Ejaculatio Praecox.' *Selected Papers on Psycho-Analysis*, 1927, p. 284.

I think that in all little boys the perineum is an erotogenic zone. Many men recollect feeling a pleasurable stimulus there when playing 'Ride-a-cock-horse', an excitation which may extend to the scrotum but only rarely leads to erection.¹¹ The situation is very similar in women; in girl-children and neurotic women it is only the clitoris (the rudimentary penis) which is sensitive to excitation; they have not yet discovered the vagina as a sexual organ. In boys and neurotic men the most sensitive region is that which, in biological evolution, corresponds to the vaginal aperture and the parts immediately around it in women. The sensitiveness of the penis, and especially of the *glans*, develops only gradually. One neurotic patient told me that in coitus he had a feeling of tension, a convulsive contraction, all along the perineum, from the scrotum to the rectum, and he thought that this prevented ejaculation.

The distaste felt by many men for everything feminine arises out of the repression of the wish to be a woman. Thus some men detest a broad pelvis, large buttocks or hanging breasts, because these are feminine attributes. Behind the hatred of the peculiarly feminine characteristics of women there lies the wish to possess these characteristics oneself and this, in turn, conceals envy of the larger penis which women are imagined to possess.¹² To the unconscious of men a woman's pendulous breasts represent a larger female penis. Thus a disparaging attitude towards women also originates in envy. For instance, one patient said: 'I have revenged myself on women and especially on my mother by turning my back on them.' Another patient, who suffered from *ejaculatio præcox* said: 'Anyhow, it prevents the woman getting a child'. Children often show hatred of their mother in quite unmistakable fashion, especially if she is pregnant. I knew a boy, nearly three years old, whose mother was far advanced in pregnancy and who, when playing with a chain which she wore round her neck, tried to strangle her with it by sliding

¹¹ We know that even infants at the breast can have erections. In a paper entitled: 'Beitrag zur Psychologie des Liebeslebens' (*Internationale Zeitschrift*, Bd. IX, 1923, S. 215), I reported the case of a baby-boy of thirteen months, who regularly, when he was undressed, tried to put his mother's hand against his penis.

¹² 'You have such a big widdler because you are so big'. Freud, 'Analysis of the Phobia of a Five-year Old Boy.' *Collected Papers* Vol. III.

the clasp to and fro. This shows that he had death or castration wishes towards his mother in her pregnancy. Analysis showed that his motive was not simple rage against the coming rival but envy of his mother's condition.

We learn from our analyses that all boys are much preoccupied with the fact that only women can give birth to children. The boy has great difficulty in acquiescing in this inexorable decree of nature. One patient said to me: 'It must be some comfort to a girl, even if not a very great one, to be able to say to herself: "Later, though not now, I shall have proper breasts and bear children," whereas a boy has to realize that he never will have such breasts or bear children'. Many little boys play with little girls the same game of having children; they put a cushion or some other object under their clothes and presently let it fall down and pretend that they have had a baby.¹³ A little boy of nearly three years old used to imagine that he had given birth to a child, and whenever he had been on the chamber he would say: 'Mother, come quick. I've born a beautiful baby'. In all analyses of men we meet with phantasies of anal birth, and we know how common it is for men to treat their faeces as a child.

Here are some examples of other unconscious phantasies about conception and parturition. One patient, who had been brusquely dismissed by his employer, for whom he had a sentimental adoration, fell into a state of deep depression. While in this condition he mentioned a phantasy of shooting himself in the mouth with a revolver or killing himself by thrusting a finger down his throat. He then recalled an earlier phantasy of deflowering a girl and then drinking his own semen and her blood: 'Ejaculation is like a shot; a shot destroys blood-vessels and the blood mixes with the gunpowder and gas which come out of the pistol's mouth. In other words, blood mixes with semen. Semen produces conception and conception birth. Birth may cause death'. (Probably these words contain an unconscious comparison between birth and an explosion, on the one hand, and procreation and an explosion, on the other.) Thus, underlying the suicide-phantasies is plainly the wish to conceive a child by his employer. Boys (like girls) imagine that in the act of procreation the man (or boy) loses his penis, has to let it be incorporated in the woman, who hides it away and turns it into a child. But the boy either does

¹³ Cf. Reik's remarks on the *couvade* in his *Probleme der Religions-psychologie*, Internationale Psycho-analytische Bibliothek, Bd. V, S. 1, ff.

not suspect or will not admit the fact that she has no penis; he believes that she receives the child in addition to her own penis. He thinks she swallows up the penis (possibly the testicles too; these then form the breasts or the penis of the child). Or else the mother receives the father's penis through a hollow penis of her own and gives birth to the child through a kind of special tube. The thought of the act of procreation increases the boy's castration-anxiety, for he imagines that it involves the loss of his penis. And further it accentuates his envy of the woman, who receives the penis. A patient of twenty told me that he thought of the act of procreation as follows: A surgeon removes the testicles and grafts them into the woman's abdomen, through the navel. The man then has to wait a year for the testicles to grow again. This patient was much astonished to hear that he was mistaken. Hatred of women originates in this castration-anxiety. Because boys imagine that conception and parturition are so complicated and uncanny, and because these processes are so mysterious to them, they have a passionate wish to share in them or else an intense envy of this capacity in women. In 'The Economic Problem of Masochism'¹⁴ Freud says 'from the final genital stage are derived of course the situations characteristic of womanhood, namely, the passive part in coitus and the act of giving birth'. I think that the impression conveyed by parturition is one of *activity*—the expulsion of the child from the body seems a stronger evidence of potency than the process of erection. All men find it overwhelming when they see for the first time the baby's head appearing from the vagina. Envy of the woman's capacity to bear children (which I will call, for short, 'parturition-envy') is a considerable incentive to the capacity for production in men.¹⁵

There is yet another form which men's envy of feminine attributes may assume, namely, envy of the woman's breasts. I think that when we are children we envy others if they have anything *more* than we ourselves have. It is inevitable that the female breasts should rouse envy in boys and call forth the wish to possess these organs, especially since the breasts, as I mentioned above, represent in the boy's unconscious a tremendous penis. Apart from this, however, they have a

¹⁴ *Collected Papers*, Vol. II, p. 261.

¹⁵ M. Chadwick writes very clearly and convincingly on this subject in a paper entitled: 'Über die Wurzel der Wissbegierde', *Internationale Zeitschrift*, Bd. XI, 1925, S. 54.

function different from any possessed by boys. A patient who had had a very deep analysis said to me: 'I have gradually reconciled myself to the fact that other men and boys have larger penes than mine and can make their urine go farther and higher. But I can never get rid of a tormenting memory when I think of the following incident. I had a brother nearly eight years younger than myself, and one day his nurse took him on her knee to feed him. In order to remove the drops of milk which had dried on her breast, she took it in her hand and squeezed it so that a fine but forcible spurt of milk came out of the nipple and sprayed my face. This unexpected happening filled me with amazement and terror, and the thought took root in my mind: You will never be able to do that; women have the advantage of you there'.

I said just now that it excites our envy when others have something *more* than we have ourselves. We may say, further, that when they have something *different*, something which we can never have, we experience a sense of inferiority. The quality of the 'different' thing does not matter very much. We have so often been told, and every analysis of a woman confirms the fact, that little girls envy boys their power of passing urine in a continuous stream, further and higher than they themselves can manage it. But many men can recall an experience of their nursery days: how their little sisters could pass a broader stream of urine than they could and how it made a quite different, duller sound in the chamber. One of my patients remembered distinctly how it vexed and shamed him that he could not produce the same noise when urinating. In later life his great hobby was a garden-hose from which he could send out either a full stream or a fine spray of water.

All the phenomena which I have briefly described so far may be summed up in the term: The femininity-complex in men.

The relations between this complex and masochism are obvious. I will not enter into them now, or my subject-matter will become too unwieldy.

I will now cite the cases of two male patients, both suffering from severe neuroses, to show the great importance in the structure of their illness of the 'femininity-complex', which I had great difficulty in bringing to light.

Both the personal character and the symptom-complex of the first patient were very difficult to place in any category. He suffered from every imaginable pain and inconvenience, but no one symptom-

complex was sufficiently marked to be made the basis of an exact diagnosis. His life was as indeterminate as was the clinical picture he presented; one would have said he had not the courage to be either bad or good. His pronounced masochism was always bringing him into difficulties, yet he had done well in his profession and had won a position of esteem. Nevertheless he took a gloomy view of the future and was always afraid of misfortune coming on him from without, partly as a punishment for trivial wrongdoing, and he was ceaselessly tormented by hypochondriacal ideas about his health. Constant examinations by specialists did not do much to reassure him. When his youngest daughter died, his hypochondria became so acute that life was a torture to him. At first he used to think that morbid changes, swellings, etc., were taking place in his neck and throat; now he began to look out for similar changes and growths in his stomach, cæcum and kidneys and to dread that he would have to undergo a dangerous surgical operation. At the same time defæcation became more and more troublesome. When describing this, he had the following associations: 'Recently it has occurred to me that possibly these difficulties are connected with an unconscious idea of anal birth. Perhaps my attitude to my other symptoms is like that of a woman during gestation'. 'I behave like an hysterical woman who wants to be told that she is ill, and I am exaggeratedly pleased when I am told the opposite'. 'During puberty I had a noticeable development of the breasts and I used to feel an itching in the nipples¹⁶; even at the age of twenty I looked like a girl'. I reminded him that his idea that he had carcinoma of the abdomen first occurred to him when he heard of a case of carcinoma of the uterus. Many of his associations, when analysed, gave plain evidence of the wish to be pregnant.¹⁷

The next day the patient reported the following dream: 'A friend of my boyhood, Wilhelm, had fallen in the War. He had committed suicide for military and altruistic reasons. At the same time he was alive and engaged in all sorts of activities'. The following were the associations to the dream: 'In the last few days I have been

¹⁶ Other patients have told me of this irritation at the period of puberty, and in their analyses the discovery of repressed feminine tendencies occupied a prominent place.

¹⁷ Cf. Eisler, 'A Man's Unconscious Phantasy of Pregnancy in the Guise of Traumatic Hysteria.' *This JOURNAL*, Vol. II, 1921, p. 255.

reading a novel, the scene of which is laid in the tropics. One of the characters is a lieutenant who was taken prisoner in the War. He had an abdominal wound, which had healed badly, and he had lost all the badges of his officer's rank. He wore a uniform made up of all sorts of odd pieces, and one of the men in charge of the camp treated him badly and struck him. When it transpired that he really was a lieutenant, an apology was made to him. Wilhelm (a lieutenant) was actually killed in the War, but it is not known where. In many things he was very like me. In our childhood we shared many experiences and our parents brought us up on the same principles. In association with the idea of my parents it occurs to me that I recently told them a dream I had at the age of four. (He had long ago told his dream in analysis.) I wanted to go with my mother into the Zoological Gardens. At the gate there leapt out on us a raging tiger which tried to bite my mother. I held out my leg to it, so that it should not bite her. It bit me hard in the leg and then left the way clear into the Zoo'. The patient then added a new detail: 'I felt the burning pain quite distinctly'. I pointed out to him that many of his associations showed that he identified himself to a great extent with the lieutenant in the novel and with his friend Wilhelm, and I asked what were his associations to the latter's falling in action. He replied with a joke about a fallen girl. I then pointed out that he was identifying himself with a girl. The patient said: 'That makes me think of a funny story: A mother took her daughter to the doctor and said to her, "Rieckchen, stand straight, so that the doctor may see how crooked you are"'. I explained that his latent wish in the dream was to turn into a girl (cf. the badly healed abdominal wound of the lieutenant in the story), to behave as a girl and to fall, i.e. that is, to allow a man to have intercourse with him, and that the man was to be his father, who would then not injure his mother. I added that the patient must have had this wish in his fourth year and, since it was not fulfilled, had never been able to decide between the masculine and the feminine rôle. I said that he must have had a sense of guilt ever since this dream, for not having translated into action the wish it contained. Possibly one might even speak of a task (if not actually of a 'life-task') which as yet he had not performed. I reminded him that he had passionately loved the daughter who died and had identified himself deeply with her. And, further, that in his early childhood (at about the age of four to six) he had eagerly desired to have a little sister and perhaps had wished to be a girl himself. Now, since his youngest

daughter's death, the impulse to assume the part of a woman was specially urgent.¹⁸ On the other hand, from his identification with the lieutenant in the novel we should draw the conclusion that he wished his masculinity to receive some recognition.

I used the phrase 'life-task' in this case because of certain analogies to that of another patient who directly employed that term. With him again it was impossible to arrive at a definite diagnosis, for he had symptoms of every neurotic disease known to us. Here is the history of his case: He had a pronounced masochistic disposition and, up to his thirtieth year, had been almost entirely impotent. From his childhood on, till he began analytic treatment, which extended over several years, he could enjoy sexual gratification only to the accompaniment of sadistic phantasies in which men were tortured. His moral masochism was carried to such a pitch that he was compelled to do himself some injury to pay for even the most trivial success in his public or private life. If, in order to get on in life, he made efforts to advance in his profession, he then felt impelled to obstruct the course of his analysis. If, on the other hand, he had done good work in this for one day or more, he would inevitably make some careless mistake in his employment, so that he either made a fool of himself or ran the risk of dismissal. For years he had fruitlessly endeavoured to complete his studies; now, at a certain stage in the analysis, he would repeat with increasing urgency the question whether he had any mental ability and whether analysis would bring his intellectual powers into evidence. One day he produced the following associations: 'Masturbation is a mental discovery; it has enabled me to take lasting possession of my mother. She knows this, but my father does not'. 'At home, instead of saying "my wife", we say in fun "my rib"; if children eat too much, people say to them: "That will sprout out at your elbow."' He then described some vivid phantasies of the last few days. His mistress was going away, and he had had the desire to tear her to pieces with his teeth either during coitus or on a walk with her or else, when they were at a dance, to bite off one of her fingers. Here he made a slip of the tongue and said 'to finger her', explaining it by saying that it meant to touch or fondle the female genitals with one's fingers.

¹⁸ Cf. Freud's remarks in *The Ego and the Id* on the substitution of an identification for an object-cathexis and on the introjection of a lost object.

'When I masturbate, I am really having intercourse with my mother, whom I have incorporated in myself, so that no one else can have coitus with her or 'finger' her. I was forcibly implanted by my father in my mother's body; my own omnipotence has enabled me to incorporate her in myself'.

'From my earliest childhood I have never been able to drink milk, and especially the skin on it I can't bear to pass my lips. The last few days I have sucked my mistress's breasts, and the excitement I noted in them proved to me that a woman's breasts are sexual organs. If I incorporate my mother in myself, she cannot ever again suckle anyone as she did my brothers and sisters. Yesterday I asked my mistress to kiss my hand, and, when she refused, I kissed it myself again and again. My mother and I are one; either she kisses me or I kiss her'. I reminded him that of late he had had numerous associations, which he felt much resistance in producing, about the existence of a penis in women, and I interpreted a dream, dating from his fifth year, which he had told me at the beginning of his analysis: 'I was walking with my mother across the highest bridge in the world'. I told him that this meant that in his phantasies there was no difference between his mother and himself—she, as well as he, had a penis, or the two together had one. When he incorporated her (with her penis) in himself, through the mouth, she became his penis—the largest penis in the world. When he masturbated, he was 'fingering' her penis. At the same time he had incorporated in himself her intellectual gifts (he had always regarded her as full of wisdom), and since then he had been inhibited from displaying these intellectual powers to the world.

After a time we noticed that it was only in the months just before my summer holidays that he made much progress and gained real insight in analysis and only in the holidays themselves that there was evidence of good therapeutic results. His associations showed that his behaviour in analysis was exactly like that of a pregnant woman who tries as long as possible to conceal from the outside world the fact that she is with child, so as suddenly to give birth to a baby whom all can see. In connexion with this part of his analysis he had the following associations: 'Yesterday morning, as I entered the office of the Ministry where I was employed, I had the following phantasy: If it turned out that I was a girl, what effect would it have on the women-secretaries and on my colleagues? I could look at the girls naked, without feeling ashamed, and I could observe the men's penes without feeling envious'. He had often said: 'It hurts me that I am

no longer a favourite with my chief', and I pointed out to him that he wanted to be the chief's 'favourite' in the sense of mistress. One of his dreams showed that he had a markedly feminine attitude towards this man. His associations to the dream were as follows: 'My father was the first in our town to engage a young girl as an employee and she had a privileged position in the business. After some consideration it was decided to let her use a lavatory at the office which was reserved for my father and which the male employees might not use'. Further associations revealed the patient's envy of this girl's position in relation to his father.

A few days later the patient remembered that he had had a dream about some 'religious idea'. He then proceeded enthusiastically (and it was the first time in the course of his long analysis that he had become animated and forgotten himself) to develop an 'ethical' or 'religious' system, a 'new creed', an 'idea for conferring happiness on the whole world'. The idea was that sons should renounce their active (Edipus- and castration-desires in relation to their fathers and should adopt a feminine attitude towards them, thus protecting their mothers from their fathers. He felt that he was the founder of this new universal religion—this was at the heart of the many ideas he had that, once in his life, he would succeed in some quite extraordinary achievement in some field or other, and that this would bring him instant and boundless fame. In the next few days these associations were followed up by phantasies in which he protected his mother from acts of sexual aggression by his father. These he pictured to himself in various phantasies about his parents' intercourse, the phantasies taking shape from infantile sexual theories. As a child he had felt it incumbent on him to place himself protectively in front of his mother or to take her place, when there seemed any possibility that his father might assault or defile her.

The question now arises: Why could not my patient perform this task of his? A simple answer would be: because the constitutional masculine components in his nature rebelled against playing his feminine part. But I do not think this explanation is adequate. The process is certainly more complicated. Let me try to make it clear by describing a typical detail in the process of regression. We know that, in regression, pregenital phases of development become genitalized. A very common example of this is the attitude of misers or of patients suffering from morbid depression. They are afflicted with a constant dread of poverty and, whenever they are obliged to spend

money, they have sensations similar to those experienced by men whose characters are on the genital level when in danger of losing a sexual object or threatened with castration. Every analyst has observed this process of genitalization so often that there is no need to give further examples of it. Speaking of perversion Freud says: 'It is brought into relation with the child's incestuous object-love, with its Œdipus-complex. It first comes into prominence in the sphere of this complex, and after the complex has broken down it remains over, often quite by itself, the inheritor of its charge of libido, and weighed down by the sense of guilt that was attached to it',¹⁹

A similar process may be observed where there is regression to pregenital phases of development. Activity on these levels is accompanied by the same sense of guilt as genital activity. The metaphor we commonly use is that the sense of guilt is 'shunted' along with the regression, just as railway-carriages are shunted from one set of rails to another.

There are other parallels, however, which can be drawn between perversion and the process of regression. In a 'short communication' which I made on the subject of the perversions in 1920, I showed that in their development from the Œdipus-complex the original goals of the Œdipus wishes are by no means renounced but merely disguised. Let me quote an instance from my paper. A patient who came to me for treatment on account of conscious passive homosexuality produced in his analysis phantasies of a man having coitus with him *per anum* and of his nipping off the other's penis. Or, again, he phantasied himself as a woman having sexual intercourse and injuring the man's genitals in various ways. In numerous associations he had described the female genital as a dangerous organ of castration and was very envious of women for possessing it.²⁰ I have dealt with this subject in greater detail in a paper I read at Würzburg, entitled 'Homosexualität und Kastrationskomplex'.²¹ Here is an example which I quoted there: 'A young homosexual had a strong fixation to his sister and used to masturbate her lover, to make him impotent when

¹⁹ 'A Child is being Beaten.' *Collected Papers*, Vol. II, p. 187

²⁰ All men know about the process of contraction in the sphincter-muscle of the rectum, and hence we constantly discover in male patients the phantasy that the vagina acts as an organ of castration and, as such, it arouses envy and fear.

²¹ *Internationale Zeitschrift für Psychoanalyse*, Bd. XII, 1926.

he was going to her. Here a homosexual act, which is universally construed by men as a token of friendship, was merely a disguise for an active attempt at castration'. I will now give another illustration to show that, in regression, not only does genitalization of the pregenital phases of development take place, broadly speaking, whilst the sense of guilt is 'shunted' on to these, but also that none of the original Œdipus goals are abandoned. I know a certain lady whose father founded several important industrial concerns. He fell into debt and died prematurely. His daughter married and had a number of children and grandchildren, but after her father's death she had only one real interest, namely, the desire to see his business undertakings in a flourishing condition. Amongst several suitors she selected the one who seemed most able to re-establish these in a position of honour and esteem. She developed pronounced anal-sadistic traits, at the same time being exceeding benevolent. All her thoughts and actions sprang from a single motive: the desire to increase the esteem in which her father was held, to add to his original property and to prevent its ever suffering loss (which she dreaded in a morbid fashion) or being ruined. Although her husband succeeded in establishing her father's business very satisfactorily, there was one action of his which she never forgave. Amongst the factory buildings there was an old chimney, which could be seen a long way off. Without consulting her, her husband had this pulled down to make room for a large building. My impression is that this woman's behaviour on the anal-sadistic level corresponds to unconscious phantasies, on the genital level, connected with the incorporation within herself of her father's penis. She was constantly inspired by the wish to make the incorporated organ grow within her and some day to display it for the world to pay it respect, and she was incessantly tormented by the fear that she must lose this treasure which she had wrongfully appropriated.

I believe that this important detail in the process of repression can be demonstrated in every case. It is as though the young Œdipus assumed a mask, to escape the recognition of his wishes. He wants to produce the most harmless impression possible in his disguise. It is as if he said to himself and others: 'Look, I have no genital wishes in relation to my mother, for I am still on the pregenital level'. But the wishes have not really been renounced; the sense of guilt has been shifted, and activities on the earlier level of development are doomed to failure. This, I think, is a reason why the two patients whom I have described could not consistently carry their feminine wishes into action.

To explain what I have said about these two cases, I must tell you that the first patient originally told the dream about the tiger in the following form: 'I wanted to go into the Zoological Gardens with my mother; at the gate a raging tiger leapt out on us and tried to bite her. I stretched out my leg to the tiger, so that he should not bite her. The tiger bit my leg hard'. The words 'and left the way clear into the Zoo' were a much later addition, and there is no doubt that they are the important ones. They show the reason why he wanted his father to treat him like a woman; it was so that the way to the mother might be left clear. This, too, was the meaning of all the wishes of which the second patient told me, that the father should subject him to the perverse acts to which the mother had to submit; the idea was that the father should be diverted from the mother, so that the way to her should be clear for the son. It is as if he said: 'In regressing to a feminine phase of development I will make use of pregenital mechanisms in order to achieve my genital aims. That is, my father will leave my mother in peace and I shall possess her'. This was why these feminine wishes, which were most painful to the patients themselves, were weighted with a sense of guilt and could be brought into consciousness only by means of long and laborious analysis and could never be translated into action. Both patients showed particularly strong resistance to conscious recognition of their castration-anxiety. But the fact that they did not carry out their feminine wishes produced, in its turn, feelings of guilt, for they were allowing the father to go on tormenting the mother. The life of these two men was a battle between masculine and feminine tendencies, and this had brought their personalities to the verge of dissociation. Their unusually strong feminine tendencies, to which their unconscious clung with peculiar obstinacy, made any real success in life impossible for them as men, and, if these tendencies had not gradually come to light, their analyses would have ended in failure.

In many cases the feminine wishes of male patients can be inferred from their reaction-formations and dreams quite early in analysis, in spite of great resistance. For instance, one man flew into a passion at the mere thought that his mistress might tickle him inside his ear or some other cavity of his body, while another was tormented with anxiety lest he should grow bald. (Compare the dream I quoted, in which the patient saw a shaven patch on his own body.)

The following conclusions may be drawn from what I have said. There is an early, feminine, phase of development, in which the boy's

feelings are very much like those of a girl. One patient said to me: 'In the first years of my life, when I was learning to walk, I had a doll from which I refused to be separated until it became a mere rag, with straw sticking out'. In this phase the oral zone and the region of the perineum play a larger part as erotogenic zones than the penis. If analysis is carried far enough we find that boys go through a phase in which their attitude to the father is passive; they have a tender, girlish dependence on him and look to him for protection. In this phase the hate tendencies against him have not yet developed.

This phase of development, which belongs to a boy's very earliest years, sometimes receives further stimulus through regression taking place when the subject is attempting unsuccessfully to solve the Oedipus situation. The feelings of guilt will then attach themselves to it. It never entirely ceases to play a part in the lives of men. We may roughly indicate the course of development by saying that the male is first of all a little girl, then, when little by little he has mastered his castration-anxiety, he becomes a man and late in life becomes once more a woman.²² In this scheme I am conforming to popular modes of speech; a boy is said still to have 'girlish' characteristics, or a 'girlish' nature; we say too (and I do not think the expression is confined to the German language) that a youth loses his 'virginity' when he first has sexual intercourse, as if, before that, he had been a maiden and had become a man only through his first coitus. People say of an old man: 'He is a regular old woman'. But even in the prime of life a man's unconscious wishes to be a woman never quite cease; we all know men who hasten from one success to another and seem to have attained to full male genitality and yet are as difficult to deal with as any *prima donna*.

Fixation or regression to the feminine phase of development may bring out various phenomena, such as envy of the woman's functions—her capacity to bear and suckle children and to urinate in a way different from that of a man—or perhaps envy of her physical characteristics, the fact that she has breasts or, above all, a vagina. In neurotics it often gives rise to misogyny. Viewed purely from the descriptive standpoint the man's vagina-envy looks very much like the woman's penis-envy. But I do not think the material I have quoted in this paper enables us to decide with any certainty whether

²² It strikes me that we have here a parallel to the battle between the life and the death instincts.

the man's envy is as closely related to narcissism as the woman's or (leaving aside the constitutional bisexuality) whether it is substantially influenced by a passive-homosexual attitude towards the father.

In his paper 'Some Psychological Consequences of the Anatomical Distinction between the Sexes' ²³ Freud says: 'but we shall, of course, willingly agree that the majority of men are also far behind the masculine ideal and that all human individuals, as a result of their bisexual disposition and of cross-inheritance, combine in themselves both masculine and feminine characteristics, so that pure masculinity and femininity remain theoretical constructions of uncertain content'.

When analysing a woman, our aim is to transform a neurotic being, in whom masculine and feminine traits are combined, into a wholly feminine personality. She will then abandon her penis-envy, so that the clitoris will no longer be the principal erotogenic zone but sexual feeling will attach itself to the mucous membrane of the vagina, which will develop its full sensibility. She will then be proud and glad of her femininity and will attain to complete womanhood. Conversely, in analysing a man, it will be our business to bring to light all his feminine traits, to free him from his wish to be a woman and thus to help him to the untroubled and uninterrupted exercise of complete masculine genitality.

In order to explain to my patients the alternation of the unconscious wishes to lead the life of a man or that of a woman, I use the illustration of the surface of a liquid in the two arms of a U-shaped tube. If pressure is applied to the surface on the one side, the liquid rises in the other, and vice versa. In support of my view let me quote the short analysis of a dream. The patient suffered from inhibitions but was by no means a manifest homosexual. The dream and the associations to it were as follows. 'In the presence of another man I passed a large quantity of urine into a pail.' 'On dreaming this I woke up, with a sharp pain in my rectum. I thought of spasm of the sphincter-muscle. This pain often recurs in the night and is so severe that it makes me cry out. Sometimes it comes on me suddenly in the day as well, but my mind can be diverted from it, for instance, if I meet a man I know. It is true that, afterwards, the pain gets even worse. Some time ago, I was about to speak to a girl in the street, when the pain came on violently and prevented me. It came on once before, in an earlier dream, in which my father was performing coitus

²³ This JOURNAL, Vol. VIII, p. 142.

with me *per anum*. This pain in the rectum occurs if I have a strong erection in the night—or else it is that, when the pain occurs, there is an erection which persists for some time. At any rate the two things affect one another. I have a feeling of ease when a very large mass of *fæces* passes through the anus. When I think of the passive homosexuality which analysis has brought to light in me, I don't know whether the pain indicates an inclination to experience coitus *per anum* or a defence against it.' I told the patient that there was an analogy to his feelings in the spasm of the vagina from which some women suffer.

'Some days ago, a friend of mine—a singer—used the pail in my room (the pail of the dream) for passing urine. I had vigorously opposed his wish to spend the night with me, because I feared my landlady would think I was a homosexual. The singer is a great favourite with women and has had innumerable love-adventures. Probably I wanted to impress him in my dream; for coitus is like passing urine into a woman's body. My mistress has missed her last monthly period, a fact of which I am very proud. Although she is quite independent and her parents have long ceased to support her, I have a very bad conscience in regard to them.' Here we see clearly the part played by the latent sense of guilt in bringing about a *reactive femininity*, if I may so express myself; the latent dream-thoughts contain the wish to go one better than a man whose love-life the dreamer envies. We detect also feelings of guilt on account of a pregnancy and the desire to experience coitus *per anum*, i.e. to assume the functions of a woman.

If one tells a woman who is familiar with the results of psycho-analytical investigation that men envy women the vagina just as much as women envy men the penis, she will sometimes reply that she cannot picture how this can be so. The penis, she will say, is surely an organ of such great importance and value that it is natural for women to covet it, but she cannot understand a corresponding feeling in men for the vagina. In this connection I recall Freud's²⁴ words: 'After a woman has become aware of the wound to her narcissism, she develops, like a scar, a sense of inferiority. When she has passed beyond her first attempt at explaining her lack of a penis as being a punishment personal to herself and has realized that that sex character is a universal

²⁴ 'Some Psychological Consequences of the Anatomical Distinction between the Sexes.' This JOURNAL, Vol. VIII, p. 138.

one, she begins to share the contempt felt by men for a sex which is the lesser in so important a respect, and, so far at least as maintaining this judgement is concerned, she clings obstinately to being like a man'. But men, who do not bear the mark of this wound to their narcissism, ought, one would think, to have no difficulty in admitting that the vagina represents to them an organ productive of pleasure and therefore worth coveting, even though the fact that they themselves lack this organ is something of a blow to their narcissism.²⁵

²⁵ In the discussion on this paper Dr. Fromm remarked that, in the early stages of the evolution of the race, there seems to be a parallel to the ontogenetic tendencies I have just described. So long as human beings subsisted entirely on the free gifts of nature, i.e. without employing any skilled means for their support—the basis of life being exclusively natural production—the position of woman was bound to be superior to that of man, because she alone had the natural power of giving birth. She must, therefore, have been held in higher esteem. Only when man developed technical skill did the picture change and he himself come to occupy the foreground.

INTRODUCTION TO THE STUDY OF PSYCHO-ANALYTICAL THEORY¹

BY

EDWARD GLOVER

LONDON

Those of you who have undergone intensive immunization in the lecture rooms of extra-psychological science may not view with too great enthusiasm the prospect of sitting through yet another series of lectures on a theoretical subject. And I am aware that, although the history of psycho-analytic discoveries has a strong dramatic interest, the companion history of psycho-analytical theory is on the whole less likely to fire the imagination. Yet in its own way the history of psycho-analytical theory offers plenty of excitement to those who can see through the actual formulations to the clinical background of arduous research. At any rate it is safe to say that you are commencing your study of theory at an interesting phase in the development of the science. In the process of making psychological history the theory of psycho-analysis has been subject to continuous quickening influences; and there is every reason to expect that recent theoretical formulations will prove a successful instrument with which to penetrate further the problems of Ego-development. In these researches you are about to share, though admittedly the first step is the modest and apparently tedious one of listening to lectures and taking part in their discussion.

Now according to psycho-analytic principles it is a prerequisite of every scientific activity that subjective factors in the situation should be thoroughly explored, and there seems to be no reason why this should not apply to the humble scientific preliminary of 'giving lectures'. Let us set an example to ourselves therefore by tabulating all the arguments of expediency which influence our lecturing system.

In the first place I think we may say that the aim of teaching analytical theory is not simply the time-saving one of imparting systematized information. We have to take into account the fact that the previous training and equipment of students approaching psycho-analysis varies very widely and that in forming a group it is necessary to establish as soon as possible the Highest Common Factor of theoretical understanding amongst members of that unit. But this is not

¹ Being the first of a series of lectures on 'The Theory of Psycho-Analysis' delivered at the Institute of Psycho-Analysis, London, May-July, 1930.

simply a matter of assessing previous training in academic psychology, philosophy, clinical medicine, anthropology, psychiatry or literature. It is, as we shall shortly find out, a question of finding a common factor of mental plasticity in dealing with psycho-analytical concepts. You will gather from this that we are anxious to stimulate any refractoriness to psychological thinking, in order that, as far as possible, this may be dealt with in the proper quarter (i.e. personal analysis). We have also a selfish purpose, viz., to learn more of the clinical features of theoretical resistances. In other words we take the view that in psycho-analysis absence of systematized knowledge of theory is, at all events to begin with, of less importance than individual difficulties. And we hope to stimulate your difficulties, at the same time learning from them.

There is one more argument of expediency. If you do not already know, you will soon discover that psycho-analytical theory arouses peculiar and inveterate resistances in the minds of the medical and lay public. You will, of course, be less surprised at this once you have discovered the same resistances in yourselves; but you must be prepared to find to the end of your professional career that otherwise level-headed acquaintances are inclined to purse a lower lip when they reflect on your fall from the grace of conventional science. This is not a matter of great importance. But it is important when aversion of this sort turns into active attack. And the question arises: what should one do in the face of attack? Now I think one may safely say that it is unnecessary to meet this opposition by any attempt to proselytise. That is the rôle of the enthusiastic amateur who is either grateful for what psycho-analysis has done for him or is buying off his internal uneasiness about psycho-analysis by making converts—who by the way owing to their backsliding tendencies are more of a hindrance than a help. In the second place it is unnecessary to counter-attack. That also is a reaction to guilt. The answer to the question is essentially a practical one. It is important for us to maintain free access to material for analytic research. In the past we have often been hampered by the fact that our most suitable clinical material has been either ambushed by neurologists or already handled by non-psycho-analytic psychologists. If, then, attacks threaten to hamper or encroach on our activities we are entitled to make sallies for the purpose of ensuring supplies. In the same way some degree of propagandist activity is justified when we require breathing space for the development of our scientific organization. Lastly it is our duty

to take part in legitimate psychological debate on the common field of psychological societies, and although it is not necessary to conduct propaganda in this—in most cases barren—field it is necessary to be able to state and expound an accurate version of psycho-analytic principles.

But after all the most important aspect of this question is the subjective one, and I imagine it may even facilitate the progress of our study if we spend some time in an attempt to reduce the stresses and strains which are brought about by subjective attitudes to theory. As you have all had some degree of clinical contact with case material, I shall proceed to classify these subjective factors in accordance with the well-known groupings of the transference-neuroses. It may be said outright that subjective difficulties in regard to theory can be divided into two main groups, viz., an anxiety group and an obsessional group. The reactions in question need not necessarily indicate the presence of an anxiety hysteria or an obsessional neurosis; in many cases they are simply characterological reactions.

(A) *The Anxiety Group*.—The main features are that analytical theory functions as a substitutive anxiety idea, and a degree of fear of theory is exhibited together with over-estimation of it. The individual approaches theory with the conviction that it is extremely difficult and complicated; he believes that he will never understand it; that he hasn't a fair chance; theory has gone too far ahead. As a corollary, he imagines that others do understand it or will understand it more thoroughly than he ever will. From this he develops the idea of hierarchies within the science and may in time experience jealousies over the publications of contemporaries.

(B) *The Obsessional Group*.—Here again we encounter displacement and over-estimation, but in place of anxiety reactions there is much preoccupation with theoretical questions. The preoccupation may be of the philosophic type or of the sort which is best expressed in the German word *grübeln*. Persons in this group are prone to regard theory as excessively important; it is, in their view, essential for practical reasons to be closely conversant with it; as a rule they feel that they have themselves a flair for theory and tend to believe that others, more obtuse or more unregenerate, cannot or will not understand it.

In both groups the mechanism involved is one of displacement, and in both groups the source of the trouble is that some more archaic personal hostility is screened by hostility to an abstract system. It is

characteristic of the anxiety group that those concerned have some difficulty in *remembering* theory ; in the obsessional group a tendency exists to *doubt* theory and to meet it with destructive criticism.

Let us consider briefly some clinical examples. Some time ago I reported the case of a medical practitioner who was greatly exercised on reading in a current JOURNAL of the possibility of extirpating a particular ego system which we call the Super-ego. His criticism was doubtless sound, but the animus exhibited, together with other associative material, clearly indicated that this theoretical possibility had stimulated his castration anxiety. Another example : fear of the unconscious (which we know to be universal) may take the form of an anxious desire to be able to prove its existence, covering, of course, the hope that it does not exist. A variant of this is where fear of the inside of the mother's body activates all fear of the unknown, including ultimately fear of unknown theory. There are, of course, many other types of subjective reaction, such as a 'virginal' reaction of students to theory, or a tendency to regard it like the Ark of the Covenant as a sacred untouchable structure. In the former case theory is reacted to as an agent of seduction that might loosen temptations and stimulate habits. In the latter the importance of 'father-attributes' is obvious. Now these reactions are not by any means unique ; if you happen to analyse students of the so-called exact sciences you will come across the same reactions. But they are more easily elicited in the case of students of psycho-analysis. May I quote here a good example of a reaction which is patent in most students ? It is a reaction of modified hostility : the reasoning is that, since a certain percentage of scientific findings are likely in the long run to prove erroneous, the student in question will devote himself to purging the science of inaccuracies and irrelevancies.

It will naturally occur to you to ask : how are these subjective difficulties to be met ? And I have no doubt that the answer is already in your mind, viz., by means of continuing personal analysis. But as I know all of you are already advanced in personal analyses, I need only express the hope that attendance here will continue to stimulate valuable analytic material.

Nevertheless, I consider it a legitimate preamble to lectures on theory to give a certain amount of reassurance : by so doing we may succeed in disentangling ourselves from the immediate inhibiting consequences of listening with a closed mind to some point or another in the exposition.

Let me state then the reassurances in the order in which I presented the difficulties :—

In the first place all psycho-analysts are students and remain students to the end. Moreover, all students start on terms of equality. Previous orientation in non-analytical psychology or philosophy is not essential, and in some obsessional character types it is a positive drawback. Not only have you taken the first step in attaining equality, viz., by undergoing personal analysis, but, as you will soon find, the relationship between psycho-analytical psychology and academic psychology is similar to the relation existing between the unconscious mental system and consciousness. In a sense our relations to formal psychology are only a shade more intimate than our relations to physiology. It is true that descriptive psychology concerns itself with the data of consciousness, and is therefore strictly a psychological pursuit ; whereas physiology is just outside the borderland of psychological preoccupation. But in the sense that descriptive psychology is concerned with the surface of an apparatus to the exclusion of its internal structure, dynamics and economics, it is almost as much a frontier activity as the physiological investigation of sources of instinct is a frontier activity, an investigation of an inner periphery.

At this point one may ask whether there are any extra-analytical activities which might contribute to the understanding of analytical theory. Let us be clear first of all that these interests are not to be identified with the basis of psycho-analytical matriculation, i.e. an adequate training in scientific methods together with a sufficient familiarity with biology and medicine. Nor are we concerned with branch sciences, as for example anthropology, courses in which are part of your analytic training. Apart from these two groups, the choice of an auxiliary interest or hobby is very much a matter of personal inclination. I would suggest, however, that an interest in the development of meaning in words is of considerable value, and in two directions. Familiarity with shades of meaning promotes a feeling for the proper significance of theoretical terminology. Secondly, a study of the use of familiar words soon discloses the existence of a vast field of naïve or folk psychology embodied in the mother tongue. Freud has often drawn from these springs of knowledge to support and refresh his own terminology. A good example is the close parallel between the psycho-analytic and the popular use of the word ' love '. Of course, it is again a matter of taste whether one acquires this knowledge by the formal study of etymology or simply in the course of general reading.

The idea that analytical theory is too complicated also justifies reassurance. The structure of analytical theory is certainly not more complicated than the structure of physiological theories concerning the function of the liver. At the present moment we might almost say that it is less complicated. In the same way the idea that theory has already gone too far ahead, or that the beginner will never be able to 'catch up' is not justified in reality. Indeed this is an attitude which calls for special comment. It is remarkable how relatively little has been added to the structure of analytical knowledge from the time of Freud's earlier revolutionary formulations. This is no reflection on recent research activities; it is rather a tribute to the gigantic strides made in the early days of the science. In the next place there has always been a smouldering edge to the researches of analysis: or to put it another way, psycho-analytical theory has always been a living structure exhibiting processes of growth, adjustment and disuse atrophy.

Actually the reaction in question has its roots in processes of over-estimation. If we consider what constitute at present the pillars of psycho-analysis we are bound to say that these fundamental conceptions have undergone little alteration. They are in fact (1) the existence of a structural and dynamic 'unconscious' (now the Id), (2) repression (now an example of 'defence'), (3) the concept of libido and infantile sexuality and (4) mental conflict. The great bulk of recent research is in a sense a specialisation of problems. Apart from recent work on instinct problems and on ego-differentiation (the dynamic function of the Super-ego) the great bulk of recent research has been in the nature of buttress work. In a word, the new tendency is to assemble dynamic mental mechanisms in a more solid, coherent and comprehensive skeletal structure. But the building materials are not new.

A word here about Freud's writings. You will often be taunted by candid friends for giving scriptural sanction to Freud's collected works. I trust this will not prevent your living up to the conviction that Freud's writings are the most inspiring source of our understanding, or from maintaining that attitude without a trace of sycophancy so long as these writings stand up to the test of empirical psychological science. It may be, however, that the title of one of his books, viz. *Introductory Lectures*, has to some extent justified temporary reactions of inferiority. Because, of course, these 'Introductory' lectures are by no means simply introductory in scope. In general Freud's writings fall into three groups, the simple, the apparently simple and

the obviously involved. Some of his books begin with the simplest of expositions and end by tackling the most obscure and involved problems in psychology. Others seem to offer the reader an agreeable after-dinner diversion, but are so packed with content as to require the closest study of texts. Some of his simplest expositions of theory are incidental to the discussion of special issues: cf. his book on Lay-analysis. Finally, his expositions of theory are rarely in the form of comprehensive presentations. They take the form either of individual papers on some aspect of theory or of scattered references to theory throughout larger works. Sometimes, as in the *Introductory Lectures*, he leaves a thread of argument unknotted and does not find an opportunity of returning to complete the process later. Nevertheless you find that, sooner or later, in some place or another, he does return to deal with loose ends. And you will find that when he has occasion to return to a subject for the purpose of modifying an earlier view he is quite uncompromising and is not deterred by the fact that an alteration in principle may involve pulling out later the withered branches of superfluous theory.

One more remark on psycho-analytical literature in general and research publications in particular. Psycho-analysis has so far been singularly free from jealousies over precedence or squabbles over alleged plagiarism. This is doubtless due in the main to the fact that it is simpler to quote Freud than to plagiarise him, but in part, I imagine, to the factor of individual analysis. This tends to reduce the importance of hierarchies and priorities by preventing their pathological over-estimation. There is, however, an interesting observation to be made in this connection. In the case of psycho-analytic teachings there are two means of absorbing ideas, first of all by the usual conceptual channels and secondly by a process of actual discovery during the experiences of analytic work. Many writers have noted this relationship between psycho-analytical theory and practice, and Ernest Jones in particular has drawn my attention to the significance of this constant re-discovery of psycho-analytic principles. But it has at times disconcerting consequences. The more voluminous the literature of psycho-analysis, the greater the tendency to concentrate on the most recent publications and to remain content with digests of earlier literature. The result is that as each new-comer approaches clinical work he is apt to have frequent outbursts of exultation over apparently fundamental discoveries. A little more reading may, however, lead to the rather dashing realisation that the discovery is one of

Freud's accepted observations. If, however, the earlier literature is neglected it is just possible that unwitting plagiarism may be committed. As a general rule then it is a mistake to under-estimate Freud: there is very little in psycho-analysis that does not owe its recognition to Freud's activities, and I recommend constant browsing in his earlier works before proceeding to publish discoveries. It is an interesting and sobering exercise to allow one's fancy free play with concepts of mental structure and function in terms of the latest theories and then to read once more the chapter in 'The Interpretation of Dreams' which contains the earliest formulations on those subjects.

To return to our subjective difficulties, we have now to consider the impulse to criticise analytical theory in a destructive way, particularly that modified form of hostility which I have called the percentage system, i.e. the view that psycho-analytical theory is bound to harbour a percentage of error which ought in charity to be extirpated. Now here is a subject which has been known to rouse even mild-mannered critics of psycho-analysis to a frenzy of protest. Psycho-analysis a hothouse plant, psycho-analytical societies a close combine; no breath of criticism is allowed, and so on and so on. And it might appear that by treating destructive criticism under the heading of subjective difficulties I have given colour to the accusation. But when all the clamour of protestation has died down, what remains of the original accusation? Simply the fact that psycho-analysis clings obstinately to the validity of its fundamental tenets: it is those tenets which opponents feel to be somehow subversive, not the very ordinary procedure of a society limiting its membership to those who know what is going to be talked about. After all, it isn't necessary to set out on crusades to destroy theories. In any living science unsound theory destroys itself, or at the least it atrophies from disuse. It is likely indeed that all so-called destructive criticism is an exploitation of negative feeling. The most potent catalytic agent in any solution of unsound theory is constructive work. A fact is of more service in cutting the ground from weak theory than a thousand *a priori* considerations. At any rate, if my view that all destructive criticism is an exploitation of negative feeling errs on the side of overstatement it is certainly true that the sublimation of constructive tendencies will in the long run do more to eliminate error. I recommend to your notice that there is always scope for masterly systematizations of psycho-analytical theory. And you may rest assured that

whilst your energies are turned in that direction the deciduous aspects of theoretical progress can be left to take care of themselves.

Once more a short interpolation: what is the psychological source of this percentage theory? Briefly it may be said to gather its animus from the castration complex. It belongs to that group of derivatives of repressed infantile sexual phantasies, particularly those phantasies in which the penis of the father is to be attacked either openly or in the body of the mother and destroyed or extirpated.

At this point you may protest: you may say that you have no intention of indulging cathartic propensities on the body of theory, but that a suitable sublimation of critical tendencies lies in taking sides on any controversial issues that may arise or that actually exist. That is certainly a legitimate outlet, and a very valuable one. But its value to the science depends on the degree of familiarity with the issues at stake. On the whole I should be inclined to advise you to play a watching game. At any rate, do not rush too hastily to champion one side or another of an immediate controversial issue. Controversial issues have a happy knack of settling themselves in the course of a few years' additional reflection and fact gathering. If you hasten to take sides, you may find yourself in the long run on the wrong side of a disused fence.

Lastly, a word on the obsessional over-estimation of theory, which leads to false assumptions of the relation of theory to practice. This is a point on which reassurance cannot be given. One can only say that, altogether apart from the necessity of personal analysis, knowledge of theory is no guarantee of practical capacity. This is more true of psycho-analysis than of any other science, although of course it is a commonplace observation in other applied sciences. One finds in psycho-analytic 'controlled' work the same tendencies operative which drove a clever contemporary of mine in an obstetric class to diagnose locked twins on his first examination of a normal pregnancy.

Before going any further we may well pause to ask: under ideal circumstances what do we really require of psycho-analytical theory? I think we may safely impose three conditions: (a) that it should be a convenient and compact systematization of existing data, (b) that it should present as sparingly as possible those conclusions which appear to have stood the test of time, (c) that the theoretical structure should not be too cramped or rigid. It should be sufficiently elastic to permit of modification without collapse, and it should stimulate speculative and research activities. You will note that special attention is paid

in this scheme to the part played by speculation. It is only natural that the science which first described the mental activities of unconscious and preconscious mental systems should pay tribute to that end-product which is usually suspect in other sciences. Provided you have ascertained that you have no unconscious axe to grind, speculate as much as you please. Of certain ideas, Freud remarks that they can only be worked out by 'combining facts with pure imagination many times in succession', although, as he says elsewhere, 'the basis of the science on which everything rests . . . is observation alone'.

With these quotations we may conclude our discussion of the main group of subjective difficulties. We started with the view that difficulties about theory can be grouped on a clinical basis and are therefore appropriate material for personal analysis. Nevertheless, we have considered the various anxiety ideas and obsessional reactions to theory with a view to stating the actual reality situation. You will have gathered that such reassurances are not intended to be therapeutic but are given in the hope that they will make the task of listening to theoretical lectures a little less irksome.

But there is one difficulty in approaching analytical theory which cannot be dealt with in this way. It is inherent in the nature of the mental apparatus and is therefore a permanent obstacle. It is the difficulty of thinking psychologically. When we come to study the nature of 'memory traces', of 'thing' traces and 'word' traces, we shall be in a position to express this difficulty in psycho-analytic terms. In the meantime it can be best expressed by saying that there is a tendency to regress from conceptual modes of mental function to those perceptual modes which retain a more vigorous charge of interest. To avoid involving ourselves in a philosophic discussion of the relation of concepts to perceptual fluxes let us take some simple examples of confusion liable to arise in psycho-analytic thinking.

When we think of our relations to an 'external object', in the sense of a person to whom we have deflected interest from ourselves, we are usually prepared to say that this object is really something 'in our mind', an 'image' if we like, or, if we wish to be more precise, the charging and lighting up (cathexis) of a 'memory trace'. So far our psychological behaviour is beyond reproach. But let us assume that in any given crisis an 'object' disappoints us, does not come up to our expectations, and that we allow ourselves to dwell on the 'might have been', we are prepared to say that this imagined behaviour is a product of our phantasy, that we are thinking of an 'ideal' or 'phantasy

object'. This is where our mind tends to slip: we think of the 'phantasy object' as a mental presentation, but tend to treat the 'real object' as something outside our mind. If we do so we are abandoning psychological thinking at the behest of a mental mechanism which 'projects' painful representations.

Take another example: if we examine our 'interest' in the original object, we begin to classify our reactions to objects in terms of 'attraction' and 'repulsion' and proceed to dally with the idea of mental 'energy'. At this point we may set out on a downhill journey: thinking of 'energy' we use expressive terms such as 'flow', begin to imagine 'measurement', and end up by thinking of a substance instead of a concept. Again, when we consider our 'interests' or 'needs' in terms of behaviouristic data, we begin to classify our instincts in accordance with their 'aim' or 'object'. Or we may generalize about our instincts by relating them to their 'source' and proceed to label these sources with extra-psychological labels. For example, we classify certain interests in accordance with their localization, e.g. 'oral' or 'anal', and, if we are not careful, tend to think of the mental processes in question as if they existed in the 'mouth' or 'anus' instead of in the mind.

It will probably occur to you to suggest that these difficulties are due solely to 'confusion of thought' which can be overcome by a little mental discipline, and you may think at once of a matriculation course in logic and philosophy as a suitable form of mental drill. Now in so far as 'confusion of thought' can be regarded as inadequate systems of conceptual association in upper (preconscious) mental levels it is probable that formal training could remedy this defect, although the very fact that logical processes work only at this superficial level has manifest disadvantages—e.g. preoccupations of this kind may cripple our understanding of non-logical processes. But we must remember that 'confusion of thought' has its roots in deeper layers of the mind also, and that to call in logic and philosophy to deal with this difficulty is to call the pot in to cure the kettle of pigmentation. If any such claim were pressed by the metaphysician, we should have to inform him that his own case was still *sub judice* until such time as we understand completely the significance of schizophrenic 'systems' and 'word-play'—to say nothing of the whole system of normal 'verbalization'.

In the meanwhile: what is this fundamental difficulty inherent in the apparatus? Consider, first of all, the case of those who tend to

think of 'instinctual energy' (cathexis) as 'substance' or of an 'impulse' as an 'action'. If we come to think of it, all this has a very familiar ring. We know that children behave as if impulses had the same 'guilt value' as actions, as if 'words' were 'things', as if 'painful ideas' were 'outside' them. We know too that adult patients often make a significant slip, saying 'Something has come into my mouth' instead of 'Something has come into my mind'. Even more dramatic, from the adult point of view, is the behaviour of the paranoiac. The latter will inform us with every accent of sincerity that some evil-disposed person is projecting against him some dangerous substance, some malignant energy, injurious rays, wireless emanations and so forth. And he may be so convinced of the reality of this system that he takes steps to protect himself from these influences, although onlookers are unable to find any justification for this behaviour. Investigate this state of affairs and you will find that he is activated by 'impulses' directed against the alleged persecuting object: the paranoiac remains unconscious of these subjective tendencies, but apprehends the approach of 'substances' from without. We say that he is suffering from a regression which lights up primitive mechanisms of projection. But we are apt to forget that all individuals pass through the same stages in development and that the core of our organized personalities is this primitive nucleus, hence, that in ordinary thinking we all tend to fall back on primitive modes of thinking.

Here then is a perpetual source of difficulty in dealing with theoretical concepts. The relations of ideas to ideas are never—except in the case of particular sublimations and particular psychoses—so highly charged with interest as the associations of direct perceptual experience, and there is a constant tendency to regress from one interest to the other. Our main concern then should be to eliminate all possible pathological stimuli tending to make the path to regression easier or more seductive. Having done so as far as possible (by personal analysis) we can proceed with the finishing touches, viz., various mental disciplines promoting reality (scientific) thinking.

And here we come to our final introductory problem. We have been forewarned that the subject we are approaching is one which arouses emotional reactions of 'defence'. We have just considered some other pitfalls, e.g. the difficulty of keeping word presentations on an ideational plane. But, after all, we have to make the best of the instruments at our disposal. Our sole access to mental phenomena is

through the instrument of 'consciousness', an excellent instrument in its own way, but not, one may be certain, evolved for the edification of psychologists who wish to investigate the mental apparatus. So we start with a makeshift instrument, and our sole adequate means of communicating our discoveries or inferences to the consciousness of others is by the verbal channels of auditory perception. And this we know to be beset with possibilities of inaccuracy. Moreover, ordinary current speech has a long history of developed meaning and contains the whole of an ages-old naïve psychology. Should we allow for these difficulties by building up a special terminology, using special terms or conventional signs to indicate the special meanings we intend to convey?

It is obvious that such a system would have both advantages and disadvantages; on the one hand it would reduce the possibility of attaching erroneous meanings to terms, as might be the case were words in everyday use employed. As against this, the exclusive use of manufactured terms would deprive us of the advantage to be obtained by using some everyday words, particularly words that have pictorial value or contain some accurate element of folk-psychology. A compromise could be effected by choosing words with a fairly precise and expressive popular meaning and then attaching to these words a precise technical meaning, giving them a scientific twist as it were.

It is interesting to note that all three methods have been employed in the building up of psycho-analytical theory. Technical terms have been manufactured, abbreviation-conventions employed and significant words in current use have been borrowed to fix theoretical conceptions (e.g. 'cathexis': a charge of mental energy, 'ucs': a mental system dynamically unconscious, 'repression': a process of altering the cathexis of mental presentations whereby they remain in the 'ucs' system or are excluded from the preconscious = 'pcs' system). And it is equally interesting to consider how these methods have worked, indeed to ask ourselves why we trouble to experiment with different terminological methods. It is approximately true to say that when psycho-analysts discuss psychic topography and dynamics, they can work quite freely with the terms 'unconscious' or 'ucs'; there is no need for them to lecture each other on every occasion on the difference between a dynamic unconscious system and a mental presentation capable of becoming conscious but not at the time conscious in the descriptive sense. But we find that it is rarely possible to presume the same amount of understanding when talking in the

company of non-analytical psychologists. Either they are confused about the nature of the dynamic unconscious, or they object to the term and proceed to attack it. In the same way they are liable to have original but technically inaccurate views about the meaning of 'repression', equating it, for example, with 'suppression' or 'deflection of conscious attention' or 'shoving' or 'pushing' or indeed with anything but true repression. Further, we begin to observe that certain words and phrases are capable of provoking reactions which would be more in keeping were some dangerous or contemptible or obnoxious *person* present. In some of the earliest translations of Freud's work the abbreviation for the unconscious mental system was rendered as 'Unc'. The temptation is obvious and I have no doubt that a few associations will disclose to you the nature of the animus. Anyhow it has been my experience to hear this, in itself harmless, abbreviation, uttered by critics in quite contemptuous accents to the accompaniment of curled lips, followed by sneering references to 'cant' or 'jargon'. Yet so effective is the defensive function of 'substitution' that the individuals in question could be left with perfect safety in the same room as any real parental figure.

So it amounts to this: a good deal of our terminological pre-occupations were originally in the nature of a self-preservative reaction, calculated to head off hostile criticism with the legitimate weapon of precise definition. And at the same time it is a manifestation of an attitude to extra-psycho-analytical science for which psycho-analysts are seldom given credit. We are often reproached for not establishing intimate relations with other bodies of psychological opinion, for being too stiff-necked and exclusive. And yet, if you come to think of it, an enormous amount of our energy has been spent on the often thankless task of expounding concepts and giving as exact definitions of our terms as possible. And really it is an open question whether we should spend very much time on these liaison activities at the present stage of our science. It is indeed a plausible assumption that some of this reproach is due to resentment at the fact that psycho-analytical concepts are in most cases fundamentally different from the concepts of descriptive psychology. Special terminology may avoid providing a *focus* for the antagonistic view of critics, but it does not remove the fundamental antagonism.

On all counts, therefore, I believe we are justified in giving first place to intercommunication between analysts and for the moment to leave liaison activities to attend to themselves. There does not seem

to be any point in glossing over the fact that psycho-analytical concepts are in many cases repugnant to the rational views of conventional science. But whatever opinion you may hold on this matter, I hope you will agree that the best justification for lectures on theory, however tedious they may prove, is the necessity to establish easy and frictionless communications between analysts.

ONE COMPONENT OF THE FEAR OF DEATH IN EARLY INFANCY ¹

BY

J. HÁRNIK

BERLIN

A chance psycho-analytical observation suggested to me that the fear of suffocation might play a considerable part in the earliest development of a child, a part of which we have not seen the significance hitherto. In the case of a young girl who underwent analysis on account of certain intellectual inhibitions, the work led to discussion of the clumsiness she had in general exhibited as a child, and especially to the want of aptitude she had shown in her swimming lessons. Her awkwardness in this came, of course, chiefly from anxiety, which rapidly developed and rose to such a pitch that, for a period, she always vomited on her way to the swimming-bath. In the analysis she clearly recollected that she had always been afraid of drowning. In her associations to this, the danger of being thus suffocated was connected with much earlier occasions on which she had feared suffocation and had shown similar reactions. Recollections of early childhood showed that when drinking milk she had experienced most painful sensations, arising from the forcible compulsion which, owing to her resistance, had always had to be applied, especially by the servants, to make her drink. At first it seemed that perhaps her mouth had once been burnt and that her behaviour arose from fear of a repetition of the injury; but it appeared indubitable that she had every time been threatened by suffocation accompanied by heaving, choking, and difficulty in swallowing. (Even now the smell of warm milk gives her a slight feeling of suffocation in the throat.)

One was compelled to connect this early dread of suffocation with the little schoolgirl's water-phobia by the spontaneity with which unmistakably related material turned up in the analysis. Moreover it was known already, from previous communications of the patient, that many character-traits and later conflicts were due to a strong oral fixation: for example, in the final choice of an occupation (strange as it may seem) certain lines of mental activity were equated, in the unconscious, with favourite foods, and others with dishes which were dis-

¹ Read before the German Psycho-Analytical Society, September 11, 1928.

liked or merely endured, and so these became connected with the corresponding affective attitudes. But it is no part of our present intention to discuss the attitude which here arose from the Œdipus complex nor the rôle of the oral sexual phantasies—which in this case had developed very early—having reference to it. Consciously neglecting these well-known factors we propose instead to examine the significance of this early oral anxiety, especially as we think we can remember seeing, somewhere in analytical literature, the assertion that, e.g. bottle-fed children are frequently liable to suffocation during feeding and to anxiety in consequence of this. This occurs, perhaps through disturbance of respiration by unskilful regulation of the milk supply on the part of the nurse, perhaps through forcible feeding necessitated by the infant's resistance, which is very common at first. In certain cases the whole may be continued as a persistent symptom in later childhood, or may perhaps periodically flare up. In any case there are similar symptoms in older children, as our patient's case shows. Her description will be accepted by anyone who has seen how such a child with food difficulties resists feeding, chokes and threatens to suffocate, finally bringing up at a critical moment what has been already swallowed. According to her statement the vomiting continued throughout childhood.

A searching discussion into the meaning and origin of such early disturbances of appetite is given in Freud's 'History of an Infantile Neurosis'. This earliest nervous symptom of the Wolf-man, who has become so important for many decisive points in analytic knowledge, was, according to Freud, the sign that a sexual excitation in the oral phase of the libido had not been mastered. 'It appears, moreover,' says Freud further, 'that there is an anxiety belonging to this phase (only, of course, where some disturbance has arisen) which manifests itself as a fear of death and may be attached to anything that is pointed out to the child as being suitable for the purpose. With our patient it was employed to induce him to overcome his loss of appetite and indeed to over-compensate for it'.

Freud has not since followed up this (in my opinion, very important) indication of a very early fear of death. In the magnificent treatment of the problem of anxiety which he undertakes in *Hemmung, Symptom und Angst*, the fear of death or anxiety about life is regarded (as previously in *The Ego and the Id*) as derived from the fear of the super-ego, fear of the super-ego which has been projected into the powers of fate, and therefore as a result of development to higher

stages of mental organization due to the working over of castration anxiety. But I believe the so-called fear-of-death complex contains an element which is in some way related to ultimate narcissism and is rooted in the most primitive of all levels, and that it consists simply of *the fear of dying*. The ideational content of this anxiety can only consist of hypochondriacal phantasies of the ego's extinction and would in general be related to the difficulty of breathing experienced by the dying, for every death is in fact death by suffocation. Moreover, when we speak of a man's last breath and imply that his spirit departs with it, we thereby pay homage, at least in word, to the old belief in the breath-soul. Both the rational attitude and the animistic point of view owe their importance in our minds to the fact that the danger of losing one's breath is a significant and familiar one to every human being from his earliest years. The idea of this danger sinks, indeed, as I have hinted, into the unconscious ; in the course of development, as Freud has shown, there come into importance a succession of dangers, all related in their ultimate significance, beginning with the danger of losing the object which arises in the helplessness succeeding birth.

Among the dangers of later periods, therefore, that of inability to breathe, of suffocation, must still be present in the foreground of consciousness and must certainly at times be experienced with that subjective quality of feeling which I propose to regard as the earliest basis of the ego's fear of extinction, of being compelled to die, and therefore as an important component of the fear of death. It may certainly be objected here that lack of breath is an integral part of every anxiety-state, imparted to it by its connection with the first anxiety-state of birth, which Freud has characterized as the prototype of all later traumatic situations of helplessness, especially of those in which the anxiety-reaction inaugurated in the birth-trauma attains an *automatic* reproduction. Accordingly, the occasional appearance of a fear of suffocation merely represents a quantitative reinforcement of one component in a discharge of excitation which had been caused by excessive organic tension and otherwise would have remained homogeneous. And it is a fact that the function of rhythmic breathing in post-natal life, now awakened to consciousness, constitutes a revolutionary innovation, only led up to by the act of birth, in contrast to the apnoëic condition of the foetus. We have some knowledge of the extent to which this process (which immediately becomes automatic and yet always remains accessible to voluntary innervation) may be,

and often is, libidinized.² In this connection we may note the habit of children, which no doubt has many determining factors, of holding their breath as long as possible and so in a way practising themselves in suffocation. Among pathological processes we have always sought, from the standpoint of the libido theory, to conceive of asthmatic diseases as 'sexual-neurotic' affections (organ-neuroses)³ of the respiratory apparatus. We may expect that further examination will lead to proof of a fixation on the early traumatic experience of imminent suffocation which I postulate.

The difficulty, emphasized above, of including the phenomenon of suffocation in our theory of anxiety now stands clearly before us. It consists in the fact that not only does a single feature of certain traumatic situations of infancy⁴ become emphasized, but—to borrow Freud's expression again—it also has to furnish the content for my concept of ego-extinction, and must even claim a specific predisposition for the latter. This difficulty induces me to attempt a further deductive proof. In consequence of the regression to the cannibalistic organization in schizophrenia oral anxiety plays a great part in this disease. To eat and to be eaten are, according to Sachs' pregnant phrase, the chief instinctual aims of schizophrenia. Now we must once for all think out logically what the content, during the suckling period, of the fear of being eaten would be. In neurosis (anxiety-

² In the psycho-analytical literature on race-psychological material this topic has been dealt with by Ernest Jones ('The Madonna's Conception through the Ear', (*Essays in Applied Psycho-Analysis*, 1923, p. 261), and more thoroughly by Róheim ('Spiegelzauber'); from the clinical standpoint in an unpublished communication by the present writer, 'Atmungstyp und Bisexualität' (vide *Zeitschrift*, 1923, p. 548); again in Helene Deutsch's able analysis of a case exhibiting fear of suffocation and a breathing-ceremonial ('Zur Psychogenese eines Ticfalles', *Zeitschrift*, 1925, p. 325); and in a remark by Fenichel (paper read before the Innsbruck Congress and published in abbreviated form in *Zeitschrift*, 1929, p. 45).

³ Storfer gave a complete list of the literature on this point in *Die psychoanalytische Bewegung*, Jahrg. I, p. 71.

⁴ As by an analogy, comparable to Freud's statement that in the infant things coalesce which later become separate and distinct. But the fact that these various qualities of anxiety only very gradually obtain ideational differentiation may be illustrated by the following incident: a little girl, left alone in a dark room, called out 'Make a light, I can't breathe in the dark'.

hysteria) it is, at first, as we know from Freud, the regressive expression of the wish for passive genital satisfaction. In the oral phase itself, however, every external threat to the region of the mouth is perceived as a lack of air, or danger of suffocation—the danger of ‘being gobbled up’ when being violently kissed by adults is of this nature. Other demonstrations of love (such as suddenly swinging the child up to the ceiling, etc.) can probably produce the same sensation, so that possibly we may not need to mention again the dangers arising during feeding; moreover (and more important) such a danger can be caused even by the mother, at any rate at the beginning, before she is gradually perceived and adopted as a love-object, which, as Freud explained, then has the task of protecting the child from all dangers. The danger of losing, or losing sight of, this very valuable object then stands first among the causes of a small child’s anxiety, as we have realized. On the other hand, this example points a way for binding the original quasi-narcissistic life-anxiety or fear of extinction which is not closely attached to definite objects but more free-floating. When the child becomes acquainted with the danger of ‘being sent away’ (as in the exceptionally instructive observation by Wulff)⁵ or when, like the Wolf-man, it is threatened with death, it certainly chiefly fears the loss of an object but has generally succeeded (as originally assumed by Freud and here, again, by myself) in attaching its life-anxiety to things and situations of danger which appear suitable.⁶ In this way the early fear of death is gradually overcome or

⁵ ‘A Phobia in a Child of Eighteen Months.’ This JOURNAL, Vol. IX, 1928, p. 354.

⁶ We will return briefly to the analysis of the patient mentioned at the beginning which, leading back to earliest childhood, uncovered a phobia which had appeared in her second year, or at the latest, before the end of the third year. After having been terrified by the mouth of the hippopotamus at the Zoo (‘wanting to eat me’), the small girl refused to walk even in the direction of the Zoological Gardens. Her timidity (reinforced by night-terrors) was in its extraordinary degree the result of a visual experience she had previously had, when she was about a year and a half old, of a real horse [the German word for hippopotamus is *Nile-horse*] in the Zoo grounds. This experience was of such a kind as to constitute in its effect on her a primal scene. At this time, and connected with these experiences, began the disturbances of appetite described above, together with the oral anxiety which I regard as so significant, namely, in that it was the expression, adhered to throughout childhood, in the form of a

is at least hidden by the fact that it is worked into the organization of a higher stage of development. At last there appears the idea that in death the body is left by the spirit (the breath-soul). This idea turns out to be a late derivative of the fear of separation in which there is just perceptible a glimmer of the primary situations of danger. The various causes of anxiety which arise at such different periods, as mentioned above, not only acquire equivalent meanings; they fuse with one another or represent one another in neurotic or other psychic formations, and this must be taken into account in our work of interpretation. In my opinion a vicarious substitution of this kind is present in the case of the danger of suffocation by drowning. The problematic nature of this opinion has been pointed out in the course of discussion. Experience shows that a drowning person is aware, not of approaching suffocation, but of an enormous pressure on the head and other sensations which psycho-analytic thought is accustomed to regard as a mnemonic reproduction of the subjective feelings experienced in being born (birth-trauma). If we may assume this interpretation to be correct, it is clear how by this process the really great danger to life is not only at once denied but changed directly into its opposite: at the time of birth, indeed, one was saved—one actually began to breathe and to live at that moment! Just as birth-(or separation-) anxiety stands here for fear of suffocation (or of death), so do the great dangers of life regularly act as substitutes for one another in neurotic formations. Therefore we have correctly traced respiratory fears (and, by more complicated paths, fear of death itself) back to castration-anxiety, but we must be prepared to find hidden behind that again life-anxiety (fear of dying), and even to give it a predominant place in our investigation of the deepest mental layers. Finding, as we do, among the symptoms of schizophrenia (in which the deepest frequently appears to be uppermost) the dread of losing the

conversion-hysteria, of her wish for incorporation of the male organ. The patient's strong oral disposition was exhibited later in a tendency to depression which, however, did not exceed the limits of a neurosis. An opportunity will probably arise to present this analysis *in extenso*, although from another standpoint. All this, however, in itself gives us an idea of the way in which the various situations of danger which are decisive for the early period work together, and shows also that the primary intensity of the fear of death which appears as a fear of suffocation derives from a still earlier period.

genitals—fear of the wind tearing away the penis, in a case known to me—this may be explained as a conscious expression of this deeper anxiety, or possibly of an anxiety-situation (which is unconscious in the topographical sense). It must admittedly remain uncertain at present what significance, if any, in the psychology of schizophrenia and of the paraphrenias in general, the fear of death, which in this case took the form of fear of suffocation, is to bear.

A FORM OF DEFENCE¹

BY

SIGMUND PFEIFER

BUDAPEST

Freud mentions in *Hemmung, Symptom und Angst* that before the sharp delimitation between the ego and id takes place forms of defence will be found which differ from those that appear after this stage has been reached. In my opinion he supported this assertion by an example when he spoke² of the conversion of the death instinct into sadism and masochism by fusion with the life instincts. Perhaps we shall not be unduly extending the idea if we include this process under the concept of defence and consider it as a defence against an instinct—here, the death instinct—by the process of fusion. The opposite kind of defence would be effected by defusion of instincts, a process which, according to Freud, takes place in regression to the sadistic stage. Possibly the first kind of defence is the more primitive and present, as such, before development of the ego. The ability to bind the death instinct by libido, once acquired, is never lost; it operates in various ways, from the healing of wounds to the incorporation of neurotic symptoms into the structure of the ego and is always accompanied by the tendency to convert pain into pleasure.

The prototype of all this is, of course, masochism, and it is no accident that the cases I have in mind either practise this perversion or show traits more or less characteristic of it. Specially striking was the effect of this kind of defence, to be described below, in peculiar chronic neurotic conditions which owed their existence to the predominance of this mechanism. In these one could observe a chronic state of erotic excitation which was not allowed to be disturbed. During such conditions masochistic erotic phantasies were continually being formed, or else actions constituting a substitute for onanism and representing erection were carried out, often by the strangest muscular activity. The symptoms obviously provided a narcissistic-erotic gratification, as was also evidenced by the more or less ecstatic condition which accompanied them.

The symptoms could also be described as a copious return of the repressed libido; but neither of these descriptions explains the

¹ Read before the Eleventh International Psycho-Analytical Congress, Oxford, July, 1929.

² 'The Economic Problem of Masochism', *Collected Papers*, Vol. II.

peculiar permanence nor the special combination of these symptoms. One received the impression that the continuous production of the symptoms was necessitated by a deeply-rooted anxiety which was first of all easily recognized as castration-anxiety; in fact this formed, in one case, the conscious content of the masochistic phantasy. Later investigation, however, showed this anxiety to be not only fear of loss of the penis, but also fear of the possibility of never more being able to achieve the sensations of erotic excitation. Castration-anxiety was, in one case, strongly coloured by the fear, expressed by the patient, of for ever losing the power to masturbate if he gave up the practice for a time. To emphasize the difference, I may mention that in these cases the attainment of erotic excitation at will was the goal sought, not merely the possibility of release of psychic tensions.

The libidinal activities mentioned were carried out with this intention and so we are faced with the phenomenon of *libido being employed as a defence against anxiety*. Undoubtedly we are here dealing with a castration-anxiety which had extended its ground by following the object-libido into its narcissistic regression and thereby—to express the matter metapsychologically—appropriating part of the narcissistic libido, the continuous existence of which may be necessary to hold the balance between the life and death instincts.

But with this form of defence too much libido comes into the symptom. How is this to be explained?

No doubt every one of us has seen several cases in which similar phenomena were to be observed. People who suffer from great anxiety are able to escape from it by inducing erotic excitation; some masturbate, while others can make use of pornographic books, etc.

It seems to me that this stands in opposition to the usual defence-technique, in which libido is guarded against because of the development of anxiety. As was mentioned at first, the opposite path—the binding of anxiety by an access of libido—is open. One is almost forced to the opinion that it may, after all, be a re-conversion of anxiety into libido in the economic sense. The neurotic condition described is, however, not identical with an anxiety-neurosis which is cured when the sexual restraint is relaxed and discharge of libido obtained. Here the anxiety did not cease, but remained hidden all the time behind the narcissistic satisfaction, making its appearance when the latter was withheld. We have here a fusion of anxiety and libido which certainly imitates the many amalgamations of the life and death instincts.

According to Freud's later conception, anxiety is itself a derivative of the death instinct and constitutes in itself a danger, or the hallucinatory recollection of one. It is also in effect a turning of the death instinct against the ego and so, after the manner of the secondary gain by illness (as Ferenczi fittingly describes it), is employed as a signal on the appearance of internal or external danger. I need not specially emphasize the fact that anxiety may have libidinal components also.

The peculiarity in the psychical reaction to anxiety in the cases mentioned consists in the fact that the anxiety was not used as a signal for the introduction of defence but was regarded as in itself a danger and treated in the archaic manner by amalgamation with libido. The consequence of this process is that anxiety, as if bribed by libido (to use a phrase of Alexander's in the opposite sense), no longer plays its part of safeguarding against instinct; so that libidinal components, which in other forms of neurosis would suffer repression, obtain access to the Cs.

These psychical formations, therefore, present a picture neither of hysteria nor of obsessional neurosis, but rather of perversion which, nowadays more than formerly, is itself considered to be a symptom. Or, holding to the concept of a neurotic symptom, we may speak of one showing excessive return of the repressed. The described condition—anxiety producing the maintenance of narcissistic excitation, and avoidance of anxiety by its amalgamation with narcissistic libido—corresponds to both conceptions. We cannot suggest why these people, and especially masochists, show such excessive sensitiveness that they cannot endure anxiety even for the short time necessary for the formation of a neurotic defence. Perhaps the cause lies in a heightened primary narcissism. This narcissism might be regarded as a reaction against a special tendency to defusion of instinct.³ These persons insure themselves against a trauma which continually threatens them; they are therefore always in a pre-traumatic state. In the language of metapsychology, they can tolerate no unbound traumatic excitation and must, therefore, in the sense of *Beyond the Pleasure Principle*, constantly have at call considerable quantities of libidinal excitation in order to be able to bind traumatic disturbances. Such persons heighten their narcissistic cathexis prophylactically as if

³ Compare the heightened response to stimuli shown by narcissistic persons who are not introverted.

always preparing for an overwhelming trauma. This trauma is identical with the threat of castration but, in my opinion, with a very primitive form of it: the threat of extinction of all libidinal attachments, including even the narcissistic. I will not here attempt to decide whether this condition is identical with the aphanisis⁴ described by Jones: the latter appears to relate rather to object-cathexis. But I wish to emphasize the point that there are conditions in the deeper layers of the psyche in which the latter fears, not the accumulation of excitation, but its loss, and desires to preserve permanently a certain quantity of fundamental narcissistic excitation which has been heightened in preparation for traumas. The kind of defence described above seems to be generally connected with the particular danger in which anxiety itself constitutes the trauma, to be healed by opposing to it an increased libido-cathexis, as in the healing of wounds described by Ferenczi. The binding of the death instinct in primal masochism may serve as its prototype: the binding of anxiety by libido might be regarded as a later phase.

The neurosis resulting from the outcome of the Œdipus conflict in these cases also often shows a similar structure, especially in its upper layers. For example, I found in the masochistic phantasies—to quote only one of the cases—that the threatening mother finally revealed herself as the boy's saviour. Consequently the masochistic neurosis appeared as an enormous effort to change the already-formed negative Œdipus attitude toward the wicked mother (who was also in reality very harsh and sadistically aggressive) into a positive attitude, involving the conquest of the father and—which is the important thing—a loving and tender mother. In principle this also is a defence by libido against the danger of castration threatened by the mother.

So we see that an extending ripple of this, let us say, masochistic defence-mechanism is to be perceived also on the object-level. Its actual field of operation is, however, that of narcissism: the binding of anxiety by auto-erotic means. The result is slight symptom-formation with surplus libido, in which a marked return of the repressed together with perversion-like formations may be observed. The symptoms frequently exhibit a chronic character which I formerly attributed to the low level of development of the libidinal instincts which form the symptoms. Now I would complete that view by

⁴ 'The Early Development of Female Sexuality'. This JOURNAL, Vol. VII, 1927.

saying that the kind of defence described above forms an essential part of them. It seems to me probable that more narcissism and auto-erotism make their appearance in the chronic symptoms—even when these are due to regression—than in those which, under pressure of repression, temporarily show themselves more on the genital level. On the basis of these observations we can erect the hypothesis that there are here two kinds of dangers to be ward off: (1) the increase of libidinal excitation above a normal amount in the psychic apparatus, e.g. the well-known castration danger, and (2) the diminution of excitation which, in itself, constitutes only a *relative* danger. The latter would be comparable with a pre-traumatic condition which lacks sufficient mobilizable bound excitation to bind traumatic effects or expressions of the death instinct. That is the metapsychological meaning of the defence-mechanism we are discussing. Biologically the mechanism may be compared with the libido-mechanism of wound-healing described by Ferenczi, in which, after the partial death of an area, a high measure of unbound excitation arises in it and healing proceeds by an access of libido. The psychological meaning, however, is that such persons 'endangered from within' always need an increased supply of libido, i.e. they must love themselves immoderately or be loved by others in order to feel relatively safe in life. That this is not without biological grounds is shown in the case of children, who possess, as Ferenczi has shown recently, a strong, largely unbound, death instinct which is not yet fused, i.e. not yet organized. They need much love, we can even say much erotic excitation, in order to be kept alive. In their case love-stimuli are life-stimuli; if they do not receive these they die. Others, too, experience conditions which a Viennese writer, Peter Altenberg, has appropriately described as a 'general strike of all pleasurable feelings'; such a state would be synonymous with death.

One word about the therapeutic methods which can be employed in the cases described. Experience and reflection both suggest that the cure of such pre-neuroses first involves their conversion during analysis into anxiety-neuroses.

The object of this contribution is to derive certain theoretical points of view from analytical practice. It is an attempt to apply the theory of the fusion and defusion of death and life instincts to the problems of anxiety and defence, or any rate to prepare the way for some such application.

SHORTER COMMUNICATIONS

A DRESS REFORM DREAM

It seems fairly clear that in the development of the attitude of a man towards his clothes there takes place a displacement on to certain garments of the exhibitionistic interests originally connected with the penis, so that there comes about the phallic symbolism of clothes to which various psycho-analytic writers have drawn attention. At the same time, at a more conscious level, clothes retain their function of hiding and protecting the body, especially that (for psychological purposes) most valuable and attractive, but also most immodest and vulnerable, part of the body—the external genitals. There is, moreover, as Ernest Jones,¹ Ferenczi,² and Roheim,³ have pointed out, a tendency to identify the whole male body with the genitals, especially the phallus—a tendency which, as I have myself elsewhere endeavoured to shew, may have a good deal to do with the intolerance of any part of the exposed male body, an intolerance that is somewhat characteristic of the present time. These facts are brought out by the following dream and the associations produced to it, the patient being a man with rather unusually strong exhibitionistic tendencies.

In the dream he saw a handsome young man who was wearing (in succession, it would appear, though there is some uncertainty here) a number of attractive sweaters. One blue sweater he (the dreamer) particularly admired. He experienced great pleasure in the contemplation of these garments, and thought that, if only he himself could so reform his dress as to wear clothes of this kind, it would bring a new joy into his existence, would in fact quite change his outlook upon life.

In proceeding to associate to this dream, he first thought of a certain homosexually tinged admiration for a young man known in earlier life and who resembled somewhat the young man seen in the dream. An incident was recalled in which the young man's name had been misread by a third person in such a way as to make it resemble somewhat that of the patient himself. This and the thoughts in the

¹ *Papers on Psycho-Analysis*, 2nd ed., ch. 7.

² 'Gulliver Phantasies', this JOURNAL, Vol. IX., 1928, p. 283.

³ 'Zur Deutung der Zwergsagen', *Internationale Zeitschrift für Psychoanalyse*, Bd. XIV, 1930, S. 95.

dream (how happy he would be if he dressed similarly) shew that the young man in the dream is a narcissistic double of the dreamer. On turning to consider the affect of the dream, he re-experienced some degree of this affect and connected it especially with the fact that sweaters clung closely to the form, revealed the form clearly and allowed of freer movement than when the loosely hanging and flapping coats of conventional male costume were worn. This exposure and freedom was a great joy. Then the feeling changed, and he thought that in reality he would be much embarrassed if obliged to go about without a coat. The thought of exposing the protuberances and projections of the body was particularly unpleasant. He considered various joints of the body in this connection, and then went on to think of a man with a paralysed arm, which he believed (on good grounds, for he knew the man well) to be in reality a symbol of castration. Thus the body with its 'projections' is itself in the dream treated as an equivalent of the penis. The joy in wearing the close-fitting sweater without a coat corresponds to the pleasure of exhibitionism, while the embarrassment in appearing without the coat corresponds to the inhibition of the exhibitionistic tendency.

But the dream has another level. Having discovered the facts above related, the patient returned to the subject of the superiority of close-fitting garments and compared their attractive neatness as contrasted with the untidy floppiness of the coat, in much the same way as at several recent sittings he had compared what he considered to be the neat 'finish' of the female pudenda with the untidy, irrelevant excrescences constituted by the prominent male external genitals. He freely admitted the similarity between the two comparisons when it was pointed out to him, and went on to compare in detail the hanging and flopping penis and testicles with the coat. At this point it occurred to him that the garments he had hitherto called 'sweaters' could more appropriately be called 'jumpers'—a name more frequently used in connection with female attire. The particularly attractive blue 'jumper' that he had seen in the dream reminded him of one that he had much admired when worn by his wife. It thereupon became clear that the dream constituted a member of a long series in which he expressed the desire to be a woman—a desire which was in harmony with a very strong identification with his partner that he had felt in recent sexual intercourse. At this level of the dream the symbol is changed. The closely fitted jumper-clad body is now the female body instead of the penis, while the idea of the penis itself is symbolized by

the coat, which at the other level was merely a means of covering the penis.

As might be expected, the castration complex was not absent from the situation. It is shewn in the reference to the paralysed arm and from the fact that for several previous sittings when speaking of the identification with the women mentioned above, he referred also to a severe dread of an 'accident' happening to a woman. Moreover, in a dream of the same night there is a reference to a real accident that he had witnessed and that had caused him much distress. From this point of view it would appear that the embarrassment of appearing without a coat corresponds to the fear of castration—an embarrassment that perhaps permits of a rather general application to male clothes-psychology.

The associations thus seem to indicate the existence of four mental levels :—

(a) The body is equated to the penis, and is exhibited by means of an attractive tight-fitting garment instead of being hidden by the relatively loose-fitting coat ;

(b) Such exposure is feared (because of danger to the penis) instead of desired, the coat being looked upon as a protection against such dangerous exposure ;

(c) The jumper-clad body is a female body, the abolition of the coat signifying the desire to be a woman (with corresponding renunciation of the penis) ;

(d) Fear of the loss of the penis and its symbolic recovery through the coat.

The dream itself would seem to represent an over-determined wish-fulfilment on the levels of (a) and (c).

J. C. Flügel (London).

BOOK REVIEWS

The Structure and Meaning of Psychoanalysis. By William Healy, M.D., Augusta Bronner, Ph.D., Anna Mae Bowers, A.B. (Alfred A. Knopf, New York, 1930. Pp. 482. Price \$5.00.)

An American barber with a Scotch name, famous as a chess player, but who had never been on the links and did not know a 'niblick' from a 'driver', once wrote a book on *The Game of Golf*, which consisted of a series of quotations from the writings of certain experts on the game. A sports editor suggested that the book had been written with a pair of scissors and a paste pot. *The Structure and Meaning of Psychoanalysis*, consisting of several hundred pages of quotations from psycho-analytical literature and some literature not strictly psycho-analytical, interspersed with the suggestions of the compilers as to desirable changes in terminology and other minor matters, seems somehow to belong on the shelf with the barber's book.

Drs. Healy and Bronner, the major writers of the book, have for several decades been known for their painstaking work in the study of juvenile delinquency in connection with the children's courts of Chicago and Boston. Their technique has been developed largely in the fields of social-case work and so-called clinical psychology, and most of their contributions have been at the statistical and descriptive levels. They have not practised psycho-analysis, have avoided the subject in their writings, and in certain analytical circles are known to be actively ambivalent. A book, therefore, with so pretentious a title, coming out of years of work in another field and written by unanalysed persons, should arrest the attention of psychoanalysts as rather an astonishing undertaking. Through the years since Professor Freud began to record his observations and to follow his astute speculations there have appeared certain followers who have developed to a level where they not only wisely discuss Freud's formulations, but have in instances elaborated upon them or have travelled far along trails blazed by him; a record of their progress is available in their writings or in the training Institutes that they direct; all have been virile writers and some have been prolific, and yet none of these able followers—Ferenczi, Ernest Jones, Eitingon, Glover, van Ophuijsen, Brill and others—has been moved to produce a volume of this character. However, in America, where highly technical books are sometimes reviewed by laymen or journalists in pseudo-scientific fields, it is quite possible for a book to receive wide advertisement solely through the publicity accorded it by virtue of the prominence of the author, even though such prominence has been attained in a different sphere of endeavour.

The Structure and Meaning of Psychoanalysis appeared at the First International Congress on Mental Hygiene held in Washington last May,

and at which time many reviews of the book appeared in the lay Press, most of which, I am told by intelligent readers, were evidently written by persons who knew nothing of psycho-analysis and who phrased their statements of praise in the language of the 'popularizations' lamentably numerous in America in the last ten years. The only review that I have seen written by a person competent to pass judgement upon such a work is a clever one by Dr. Brill in the April issue of *Mental Hygiene*. The present reviewer, however, wishes to offer a critique from a somewhat different angle. In addition to a brief outline of the actual structure of the book, we wish to inquire in a limited way into the possible motives behind its production and into its advertised purposes, and through the illumination of this territory to determine whether or not such a compilation serves any worth-while purpose. This we feel moved to do in order to discharge our duty to analysts who will not find time to examine the book for themselves, and secondly to be recorded as not blind to the definite limitations of such a work in advancing the cause of psycho-analysis.

The book consists of a Preface, an Introduction and seven Sections. A Bibliographical Appendix and an Index are appended. The sections bear the following headings: Cardinal Formulations, Developmental Stages, Œdipus and Castration Complexes, Constitutional Pattern and Early Experiences, Dynamics and Dynamisms, Behavior-Personality Formation-Conduct, Therapy. Under these headings material is presented on certain subjects, the range of which may be comprehended from the following samples: Libido, Cathexis, Unconscious, Preconscious, Id, Ego, Super-Ego, Fixation and Regression, Œdipus Complex, Castration Complex, Pre-natal Experiences and the Birth Trauma, Sexual Curiosity and Parental Rebuff, Types of Personality, Wit and Humor, Education, Stammering, Conduct Formation, Delinquency and Criminality, Suicide, Prostitution, Homosexuality, Fetishism, Child Analysis, Transference, Resistance, Technique, Therapeutic Innovations.

The compilers prefer the term *dynamisms* to mechanisms and devote sixty-nine pages to definitions and illustrations of the various mechanisms from Condensation, Projection and Identification to Isolation and Undoing.

In the Preface the writers speak of 'a projected manual of methods of personality study', and of how they have attempted 'a thorough-going review of the literature for the purpose of showing psychoanalysis as one of the scientific approaches to understanding of personality'; but they go on to say that 'the work of presenting the main issues, even in outline form, has grown beyond the limits of a section of the proposed manual'; and then they state that they trust psycho-analysis 'may be regarded as merely one of the various approaches, which properly should be utilized coordinately in a well-rounded study of human personality'.

We pause here to remark that doubtless analysts will be flattered to learn that their 'bit of technique' is to receive recognition in 'a proposed manual of methods of personality study' by these workers as 'one of the various approaches which properly should be utilized *coordinately* in a well-rounded study of human personality', and that they have planned to devote a whole section of such manual to *one* technique. We are tempted to ask what the other approaches are to the understanding of personality which the analyst neglects or is ignorant of. In the Preface the writers call themselves the 'unbiased expositors of the principles, theories and fact-findings of psychoanalysis', but the deeper tone of both Preface and Introduction, in their limitations, is distinctly ambivalent and the declaration of neutrality is a thinly disguised affectation. Hostility is found cropping out in the selection of material as well as in the evident concern over terminology and the mechanics of the subject. They suggest using 'sexual modes' instead of sexual aims, and in Section III state that, in discussing the castration complex, 'the terms mutilation or deprivation complex would be more meaningful and less *startling*' (the italics are ours); this statement alone might suggest to analysts something of the real attitude of the compilers toward psycho-analytical formulations.

In the Introduction we find the following statement which, when scrutinized by the readers of this JOURNAL, will render possible certain speculations about the nature of the anxiety which evidently harasses the writers. They say: 'It seems plain to us that since no systematic publication of psychoanalytic theories and discoveries has appeared, the time is right for depicting the structure of psychoanalysis, so far as it has been erected. As a matter of fact, there is small chance for accurate appreciation of what psychoanalysis has contributed or is likely to bring forth without some such carefully organized portrayal.' And again: 'Even some of those engaged in practical psychoanalytic work can often hardly "see the forest for the trees", and it is for these, as well as for students younger in the subject, that an organized setting forth of the main contributions will be valuable. Indeed, it is self-evident that the utilization of interpretations, as in medical science, can only safely be carried on when founded upon thorough acquaintance with basic attitudes and formulations. And then one might dare to hope that for critical self-growth among the especially well-equipped psychoanalysts, the *illuminati*, this endeavor to assemble their own material may not prove valueless.' The foregoing almost savours of the fatherly and motherly wish of super-analysts for the best of their children who may be floundering about in the desert of confusion and 'unorganized material'. The readers of this JOURNAL will doubtless accept the statement that 'the utilization of interpretations, as in medical science, can only safely be carried on when founded upon thorough acquaintance with basic attitudes and formula-

tions', but they may perhaps reserve the right to make the acquaintance of such formulations for themselves and might make some interpretations in the matter of writers who are not analysts, but who volunteer to select out of all the literature the 'basic attitudes and formulations', and so to organize and present this subject that, as pioneer guides and instructors, they '*might dare to hope* that for critical self-growth among the especially well-equipped psycho-analysts, the *illuminati*, this endeavor to *assemble their own material* may not prove valueless'. Analysts should here note that the way is not closed to becoming super-analysts; the *illuminati* in particular may become acquainted with their own formulations, systematized, simplified (expurgated?), interpreted!

It is needless to record for the readers of this JOURNAL that psycho-analysis cannot be understood by projecting it upon the intellectual level, nor by having it 'explained' or 'interpreted' by even the most 'accurate' and 'unbiased expositors'. Surely the writers have no realization of the significant difference between relief and conviction, and reveal no evidence that they are functioning even at the level of belief.

In the Preface the authors tell us that there has been a 'great amount of reading and thought' involved in their production, and that for over *two years* they have been 'continuously engaged in organizing the ideas of the psychoanalytic school, and to some extent its off-shoots'. To those who have read Freud chronologically and over a period not of two years but of *twenty-two*, let us say, one general observation has always been possible, namely, one needs no dictionary, no glossary, no interpreter; one's understanding of him depends not upon how familiar one may be with academic definitions; the experiences of the analytic chamber, both as patient and analyst, constitute the *sine qua non* in the illumination of his recorded observations and an understanding of metapsychology.

In the Preface it is stated: 'On the left-hand pages are what, for want of a better term, may be called the orthodox theories and fact-findings of Psychoanalysis, for the most part consisting of Freud's own statements. On the right-hand are introduced (a) contributions of exegetical value, (b) some notable accessions to the psychoanalytic structure by "Freudians", and (c) on account of their attempt constructively to modify psychoanalytic doctrine, various ideas set forth by those who, still holding to the major concepts of Freud, offer divergencies of theory or practice.' This way of presenting material from divergent sources for purposes of comparison is excellent and is in line with the way that Dr. Ernest Jones cleverly set forth the material in the Report of the Committee on Psycho-Analysis to the British Medical Association. Commenting upon the above statement from the Preface, we note that the bulk of the left-hand page material is not in the form of direct quotation, and the reader, unless he has read Freud exhaustively and has a knowledge

of psycho-analytical formulations as they have been modified or elaborated, would be left in doubt as to just when the master is speaking and when the 'interpreters' are giving their definitions and explaining what Freud 'acknowledges', 'suggests', 'means', 'expounds', 'believes', 'doubts'. The right-hand page material, supposedly setting forth 'notable accessions' to the psycho-analytical structure by 'Freudians', and 'ideas set forth by those who offer divergencies of theory or practice', is often presented in a way indicating that the compilers mistake for original contributions what are often only elaborations or expositions of Freud's concepts; this is at times true where such outstanding followers as Ferenczi, Ernest Jones, Glover and Alexander are quoted.

In the Bibliography one is referred for special articles up to 1926 to Rickman's *In ex Psychoanalyticus*, and, in addition, two pages of articles and periodicals are given. Two books by Adler are set down, one by Jung, one by his early American pupil, Hinkle, and two by Rank, with manuscripts of two series of lectures delivered by Rank in America. Adler is quoted five times in the text, and Jung is represented to a much greater degree. The English translation of Freud's *Collected Papers* and nine separate books by him are listed, but no reference is made anywhere to his last contribution on the super-ego—*Das Unbehagen in der Kultur*. Beyond a brief attempt to compare the English and the Vienna approaches to child analysis, but little space is devoted to the subject when we consider that these compilers are working with children; and while Anna Freud's *Technic of Child Analysis* is quoted, her last publication—*Einführung in die Psychoanalyse für Pädagogen*—with its challenging material for educators, is not mentioned.

On the following pages we find samples of the compilation :—

Page 39.—'The Ego, according to Freud's ideas, is derived from auditory impressions, verbal images (as is the Super-Ego).'

'The Ego arises, according to J. Glover, from inhibiting internal urges when they fail to give pleasure. Its work is to adapt inner urges to the reality of the outer world. It represents the imprint of external necessity on the Id.'

'The Ego alteration takes place through introjection and is less pliable after childhood.'

'Rank states that the intellectual functions mature late in the Ego development.'

'The task of the Ego, amongst other things, is to substitute the reality-principle for the pleasure-principle which reigns supreme in the Id.'

'The Ego-synthesis is cemented by narcissistic libido.'

Page 41.—'Freud approvingly cites the opinion of Groddeck.'

'Walder says . . .'

'Rickman says . . .'

' Ferenczi brings out two points with respect to the Ego.'

Page 57.—' Rank goes on to trace . . .'

' For Rank the real nucleus of the Super-Ego . . .'

' Rank also says that experience shows . . .'

' Rank refers to a " primitive Super-Ego " and a " correctly functioning one ".'

Page 59.—' Fechner's postulation of a psychological relationship of pleasure and pain to conditions of stability and instability influenced Freud, as he frankly admits, in formulating his pleasure-principle.'

Page 95.—' Deutsch believes that in the beginning of the phallic stage the clitoris has for the girl the pleasure-giving capacities which the penis has for the boy.'

Page 211.—' In her work with children Klein goes on the assumption that the conscious phantasies which children reproduce in abundance are to be taken as more or less modified re-representations of unconscious phantasies, and the child's symbolic play activities are also to be interpreted in this way.'

Page 213.—' Anna Freud (*Technic of Child Analysis*) hardly agrees with Klein's conclusions and thinks that much of the conscious phantasy and play content of the child might be accounted for by its actual observations and experiences.' (Your reviewer might state that many American psychiatrists and psychologists in the so-called child-guidance field, workers at the same level as the compilers of this book, have been ' studying ' *Technic of Child Analysis* on the assumption that it contains a summary of what underlies child analysis, overlooking the fact that it was intended, we take it, for exactly what its title indicates, a monograph on *technic*, which assumes that the reader is acquainted with the psychological formulations upon which rests such technic.)

On page xix of the Introduction, in commenting on the attitude of E. B. Holt and his ' contributions to the most technical aspects of philosophy ', the writers say : ' Holt is not only Freudian, but also calls himself a behaviorist.'

We ask what purpose can be served by such a series of isolated statements, representing the gleanings of these writers from their two years of reading of psycho-analytical literature? And the right-hand pages of the book largely consist of this extensive recording of what this or that writer says about this or that phase of psycho-analysis or ' its application to a study of personality and behavior ', the quotations about particular terms or formulations often consisting of only a paragraph or two and giving a bald, academic and arbitrary presentation of material which it seems would prove quite puzzling to any reader who for the first time was entering the field, and which, from the standpoint of educational psychology, entirely disregards the accepted components of the learning process.

One lay reviewer speaks of the compilation as a 'source book' and says: 'They have produced a massive volume which at once becomes both invaluable and necessary to every analyst and student of analytic method.' Another reviewer has called the book—and it is so advertised—the 'Webster of Psychoanalysis'. It is just this sort of advertisement of a book that in America may result in an acceptance of it as authoritative, even when compiled by workers in another field; the fact that Drs. Healy and Bronner are known in America as pioneer students of delinquent children may cause psychiatrists and psychologists in the general field to accept their book as a sort of 'key' or 'short-cut' to psycho-analysis. While it is not pleasant to write in this vein, I am convinced that it is necessary to paint in a portion of the background of a book which has been reviewed with so much enthusiasm in the lay Press. As we have said at the start, in rating the book one must consider the possible motives that prompted its production; then the assumption of the writers becomes evident. It is advertised as a 'text' in the face of the fact, known to all analysts, that psycho-analysis cannot be taught as an 'academic subject' as a medical school teaches anatomy. We have here an attempt to project upon the intellectual level a treatise on a subject around which the writers have both attraction and fear; this phenomenon, it is needless to tell readers of this JOURNAL, is of common occurrence in people who are undergoing analysis.

Did the writers intend the book as a text-book for psycho-analysts? We have the statement about their hope for 'critical self-growth among the especially well-trained psychoanalysts, the *illuminati*', as a result of 'this endeavor to assemble their own material'. But this motive is hardly acceptable, for it is not believable that persons who have no first-hand knowledge of nor experience in psycho-analysis should hope to be taken seriously in an attempt to codify the literature for the benefit of persons already familiar with such literature, and who, by virtue perhaps of years of analytic practice are capable of gathering truth for themselves in double measure from the records of the work of diligent colleagues in the field who have based their reports upon the actual experiences within the analytic chamber. To think that they hoped the book might be accepted by analysts as a text-book would be to accuse them of aspiring to encompass analysis and take possession of the territory *in toto*, as it were, to use a legal term, by 'the right of eminent domain'.

Was the book prepared as a text-book for the instruction of general psychiatrists, psychologists, medical students, social workers and selected lay groups? The publisher (we assume with the approval of the writers) advertises it as a text-book for schools. If this is the motive, then the writers have failed to realize that psycho-analysis is not understood by reading or through didactic teaching, and analysts cannot be expected to

wax enthusiastic over an attempt to teach college students or the public about psycho-analysis according to a text-book method with the assignment of 'the next ten pages for Friday's lesson'. Viewed in this manner the book, presenting isolated quotations about various aspects of a highly specialized body of knowledge, appears literally as a dictionary method of teaching a subject which would doubtless prove even less successful than the dictionary method of mastering a language. Furthermore, if it is granted that for selected individuals a reading course in psycho-analysis, *per se*, may accomplish anything desirable, then we have available *Introductory Lectures on Psycho-Analysis*, by Sigm. Freud—English translation by Joan Riviere; here we have the classic 'introduction to psycho-analysis' in Freud's own clear, forceful language, rendered into beautiful English by one of his most brilliant pupils. In the matter of *The Structure and Meaning of Psycho-analysis* the present reviewer has been told by many intelligent readers, representing almost every group for which it is advertised, that it is 'too technical' and that they 'could not gather what it was all about'.

The most subtle form of hostility is that whereby a writer assumes an impartiality which he is really powerless to attain, attempting an objective presentation of a subject supposedly for the laudable purpose of permitting the reader to form his own opinion; and of this the writer may not be conscious. But such form results in the implication that he must be a sort of leader or pathfinder who would serve his contemporaries by 'sorting the wheat from the chaff' and clarifying the situation to such a degree that the truth cannot escape the pupil. To the *unanalysed* reader this leaves only the conclusion, as in the case of this book, that these writers must possess some unusual knowledge, viewpoint, insight or experience which places them in a position of peculiar advantage from which pedagogical pedestal they will not only educate the public on the subject, but will interpret Freud to 'Freudians'. The very conception of the book, in this light, would have certain definite signification to analysts.

Furthermore, a book on psycho-analysis to be used as a text-book for college students, compiled by persons who are not analysts, will necessarily partake of the resistances of the writers, even though they refrain, as they insist they wish to do, from much interpretation or injection of their own opinion, because the selection of the quoted material is subject to resistances quite as acute as their resistance to the entire subject. We also have to reckon with a group of prospective readers, composed of psychiatrists and psychologists who do not acknowledge limited understanding of psycho-analysis, but who state that they 'have read Freud' and that they 'know enough about psychoanalysis for all legitimate purposes', whatever that may mean. Surely psycho-analysis has nothing to gain through an attempt to 'force it down the throat' of this group of readers; the

technique of psycho-analysis in its therapeutic garb certainly shuns any attempt to coax, trick or coerce a patient into the analytic situation. The impossibility of 'learning' psycho-analysis from a reading course and the troublesome aspects of such an attempt have long been known to analysts. If the intention was to collect material for the instruction of university students (and it is being advertised as a text-book for schools), we are confronted with the impracticability of presenting the subject to either individuals or groups in this manner, and this, surely, is doubly true when the material has been organized by persons unfamiliar with the formulations except through reading and where it is to be presented to students by the same type of instructor. The nature of the material selected and the academic way of presenting it, isolated discussions or quotations, excerpts from profound treatises by different authorities, strung together under a given heading, if followed in a text-book on any other technical subject, would be rejected in the colleges by people in the given technical line as rendering the book didactic in the extreme; but since few university professors have been analysed there is danger of this book being accepted by physicians, psychologists, sociologists and teachers as psycho-analysis; this would be another satire on the gullibility of certain professional groups, but could result in nothing but injury to the cause of psycho-analysis. The readers of this JOURNAL probably feel as doubtless Professor Freud did from the start of the lamentable movement in America to 'popularize' psycho-analysis, namely, that it is not desirable to present psycho-analytical literature, 'simplified or otherwise, to the public; to attempt to familiarize students and social workers with it through the use of a text-book and the interpretations of such book by unanalysed college instructors is unwise; to introduce a text-book into these circles would be likely to call forth resistances from the academic group, which, in their bitterness, would attach unfairly to psycho-analysis as the object. The distorted and garbled concept of the subject that might be developed by students and college faculties alike may be surmised from the statements of a number of lay and professional people who have reported to the present reviewer their reactions to the book. The truth upon which the foregoing statement is based has for years entered directly into the technique as applied to the efforts of certain patients to force the analysis into a formal teacher-pupil relationship, and who insist upon trying to solve their difficulties at the intellectual level; such developments are routinely dealt with in the analytic situation, but could not be solved in a didactic teaching situation. The fact that the writers declare their neutrality, but throughout the book inject their doubts in such trivial concerns as the aptness of terminology would doubtless result in calling forth in the students many similar doubts with no way open for the mass of students or readers to work through their own old material. In only a

few medical colleges in America is there any attempt formally to present psycho-analysis; and here, obviously, the degree and character of such presentation can be determined only by psycho-analysts, and, in the medical centres referred to, is so controlled. To attempt a wholesale introduction of such teaching through the medium of such a text-book, and left as to presentation in the hands of general psychiatrists, clinical psychologists, sociologists and college deans and instructors would be lamentable.

Did the writers compile the book in an attempt to clarify their own notions about psycho-analysis—a subject which evidently both attracts and repels them? Is the book a record of their attempt to discharge their doubts and fears clustering about the subject—an anxious struggle to attain a state of peace in the face of severe conflict, precipitated perhaps by a dawning consciousness late in their professional careers that they now need very much *one particular technique* the vital necessity for which they have not awakened to through the years, until at this stage acknowledgment of the incompleteness of their approach, with what such acknowledgment implies, is not reconcilable with the established dignity of their present status in the so-called child-guidance movement. In this light we then see the writers, striving to gain a sense not only of having conquered this psycho-analytic dragon which threatens the omniscience of seasoned workers, but also with one mighty effort to have slain the dragon and taken unto themselves the strength of the monster. Such an attitude occurs sometimes in the analysis of scientifically trained individuals who have achieved much in some field, and the significance of the phenomenon is not lost upon experienced analysts. This review may seem needlessly long or even repetitious, but the present reviewer offers his belief, based upon many years of familiarity with the opportunism so prevalent in American thought, that if the next step in advancing psycho-analysis lies in the true awakening of psychiatrists, psychologists and educators, then there is real danger to the cause in an effort such as is exemplified in this book. With this in consciousness perhaps considerable frankness is justifiable.

If Drs. Healy and Bronner desired to test their own feelings in regard to psycho-analysis, and to seek confirmation of their doubts or liberation from their fears, it is reasonable to suppose that they might have devoted 'two years continuously' to the reading of psycho-analytical literature and to other systems of psychology erected by those who have attempted (quoted from Preface) '*constructively* to modify psychoanalytic doctrine'; but this is no reason for accepting the outline of their readings as a text or guide for other would-be students of the subject. Without danger of being accused of an ulterior motive, any analyst might venture a prescription which would not occupy 500 printed pages, but which would be a much more certain step in an attempt to understand psycho-analysis,

namely, the suggestion that earnest searchers for truth arrange to be psycho-analysed.

Psycho-analysis cannot be mastered by spending a month or two in Europe interviewing this or that analyst of note, nor by compiling imposing summaries, manuals, 'dictionaries' or what-not. We do not need in America more 'canned' psycho-analysis; we already have too much.

Clinton P. McCord.

★

Insomnia. By H. Crichton-Miller, M.A., M.D. (London: Edwin Arnold & Co. Pp. xii + 172. Price 10s. 6d. net.)

A second monograph on sleeplessness appearing during the last few months testifies to the importance attached to the treatment of this symptom. In the valuable bibliography appended to this book there is no reference to any psycho-analytic work or article on the subject; this is no oversight. There is nothing in the analytic literature. Why have these prolific writers seemed so neglectful or reticent? Patients who come to the analysts for treatment complain of insomnia just as do those who seek other methods of treatment, but apparently during psycho-analysis it ceases to play so predominant a part as to call for any special exposition—to leave out special treatment altogether. In reading Crichton-Miller's book I am reminded that I have not once found it necessary to prescribe a drug or give any special therapeutic directions for a patient's insomnia who was in regular analysis. This statement does not include non-analytic patients, nor does it mean that there is or could be any attempt on the analyst's part to minimize or pooh-pooch this particular trouble. A review is not the place to offer an explanation of this curiosity, but its solution will be found, partially, in Rank's view of the psycho-analytic situation.

Crichton-Miller does his best with the ungrateful task of reviewing and criticizing the many definitions of sleep—physiological, psychological and biological—and concludes that no adequate theory has yet been formulated. In civilized society a great part is played by suggestion and tradition. This is just now vividly brought home to me. I am writing this notice in a French spa, more especially devoted to the treatment of children—le Paradis des enfants—for asthma and a host of other troubles. The children from a couple of years old sit at table with their parents—late dinners, usual hotel food, yes, wine—and are up and about till ten o'clock or later playing with other children or meandering with their parents. The hours of treatment are from five to eleven in the morning. It would shock any Norland nurse, or even a fairly sensible Nanny, but so far as I know there is no proved physical deficiency of the French people as compared with the British. Obviously French mothers *and* fathers enjoy their children's company, sharing meals in common, and have no

wish to be rid of them as soon as possible under the pretext that an early tea and early bed are essential to health. We recognize that the question of sleep is partly regulated by suggestion, not by reason. Man is an imperfectly denatured animal, as Crichton-Miller quotes; as he becomes more perfect, so perhaps will he be able, like other animals, to dispense with so much sleep. Getting away from speculations, it can be said that Crichton-Miller offers here the guidance of experience and sober judgement; he shows himself a sound clinician in the best sense of that term, which implies also something of impatience with scientific investigation and its practical restrictions. The doctor will find all that is necessary about the use of drugs in insomnia, with precise therapeutic indications for their selection as well as for their being withheld. The hints on psychological treatment—with or without other aids according to the case—will be really helpful to the average practitioner, who does not want to go deeply into this kind of thing.

It is, as stated in the title page, an outline for the practitioner, and it becomes unnecessary to correct some errors in the presentation of psycho-analytic theory or dream interpretation.

Crichton-Miller and other medical writers regard insomnia as always distressing and displeasing. Chaucer knew better:—

So hoe he loved that by nightertale
He slep no more than doth the nightingale.

M. D. Eder.

*

Gestalt Psychology. By Wolfgang Köhler, Ph.D. (London: G. Bell & Sons, Ltd., 1930. Pp. 312. Price 15s. net.)

It was once said that all philosophies are true in what they assert and false in what they deny. But Wittgenstein has now reversed this maxim, and argued that a philosopher is only intelligible when he is engaged in showing that philosophy is meaningless. Dr. Köhler is a psychologist. But he resembles Wittgenstein's philosopher in that he is much more intelligible when he is critical than when he is constructive.

The first chapters of *Gestalt Psychology* attack the extreme Behaviourist position. Even the physicist cannot dispense with direct experience; his minimum is his perception of the coincidence of a needle with a line upon a scale. The Behaviourist is still far removed from even this limited materialistic ideal. His observations are still qualitative. True, he can confine himself to objective experiences, that is, to experiences which are common to other observers. But his elimination of subjective, that is, private experiences is a useless sacrifice. For the mono-materialistic paradise is not gained thereby.

The real value of the work of Dr. Köhler and his school lies in that

they have disclosed a gap in the current theories of both psycho-physiologists and behaviourists. If in the past the sensation B has been contiguous with A, the repetition of A recalls the image of B. It is supposed that the resistance of the neurones communicating between the two cerebral areas correlated with A and B has been lessened by use. If, however, we look more closely at the facts we find that the A which was originally associated with B may have nothing in common with the A which recalls B except its *Gestalt*. The first A may be a red triangle on the left of the field, the second a green triangle on the right. To each of these sensations differently located cerebral processes presumably correspond. How can the low resistance of neurones between cerebral processes corresponding to the first A and B help the cerebral process corresponding to the second A, which are located in a different place, to excite the cerebral processes corresponding to B?

Exactly the same difficulty occurs if by A and B we understand stimulus and reaction. Dr. Köhler has done a real service in raising this problem in many forms. But it does not appear that he has yet done anything to solve it.

At present Gestalt psychology seems to have no contact with psycho-analysis. But the time may come when an analysis of Gestalt characters will be of value to the theory of symbolism. For this reason psychoanalysts may be recommended to watch the development of this other school.

Roger Money-Kyrle.

*

The Influence of Habit on the Faculty of Thinking. By Maine de Biran (London: Baillière, Tindall & Cox, 1929. Pp. 227. Price 22s. 6d.)

This is volume No. 3 in an interesting series of reprints and translations of psychology classics which is being issued from Johns Hopkins University. The book is primarily of historical interest, De Biran having had a well-defined place in the development of psychology and philosophy in France. This essay was written in 1803 in response to a competition announced by the Institut de France, which was to determine 'the influence of habit on the faculty of thinking; or, in other words, to show the effect produced by the frequent repetition of the same operations upon our intellectual faculties'. In an introduction by Professor George Boas, of the Johns Hopkins University, the later development of thought from de Biran to Bergson is traced.

Susan Isaacs.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
ANNA FREUD, GENERAL SECRETARY

THE AMERICAN PSYCHO-ANALYTICAL ASSOCIATION.

The Eighteenth Annual Meeting of the American Psycho-Analytical Association was held in Washington, D.C., on May 8, 1930, in conjunction with the First International Congress on Mental Hygiene. It was a noteworthy event in the history of the Association in that the entire programme was furnished by psycho-analysts from abroad, who came as guests to attend the Congress. Our distinguished visitors not only read papers at the sessions of the American Psycho-Analytical Association, but participated in numerous discussions at other sessions of the Congress. This notable group ably represented the psycho-analytic standpoint in those sections of the Congress devoted to criminology, social hygiene, child welfare, etc. The scientific session of the American Psycho-Analytical Association, held on the afternoon of May 8, was attended by an audience of more than 500, and many others could not obtain admission to the hall. The programme follows :

Afternoon Session

' About Dreams with Painful Content ', Dr. Franz Alexander, Berlin ;
' Notes on Suicide Fantasies Connected with Traumas of Early Infancy ',
Miss Mary Chadwick, London ; ' Concerning the Actual Conflict in the
Neuroses ', Dr. Helene Deutsch, Vienna.

Evening Session

' Aim, Procedure and Results of Psycho-Analytic Therapy in Clinics ',
Dr. R. A. Spitz, Berlin ; ' Scope and Results of Psycho-Analytic Therapy '
(in German), Dr. Sándor Radó, Berlin ; ' What Types of Revolutionary
Changes does Psycho-Analysis Demand of Ethics and Moral Education ? '
(in German), Dr. Oskar Pfister, Zürich.

In addition to the above European psycho-analysts, Professor M. Levi
Bianchini, of Italy, attended the Congress.

Business Session

The following new members were elected : Dr. H. E. Chamberlin,
Minneapolis ; Dr. Anna C. Dannaman, Washington ; Dr. Alexander
Lorand, New York ; Dr. Clinton P. McCord, Albany.

The resignation of Dr. H. W. Frink was accepted with regret.

It was proposed by Dr. Brill, and seconded by Dr. Sullivan, that the
name of Dr. Otto Rank be dropped from the list of honorary members.

Numerous changes to the constitution recommended by a committee

appointed during the winter were passed. The most important of these were the adoption of more rigid requirements in analytic training of members in the future and the incorporation of an amendment passed at the Cincinnati meeting in 1928 establishing an Associate Membership, composed of persons interested in psycho-analysis, but not engaged in its therapeutic practice.

The following officers were elected for the ensuing year :

President, Dr. A. A. Brill.

Vice-President, Dr. H. Sullivan.

Secretary, Dr. Ernest Hadley.

Council, Drs. Coriat, Hutchings and White to serve for one, two and three years respectively.

C. P. Oberndorf,

Secretary.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Scientific Meetings. Third Quarter, 1930

April 2, 1930. Short communications :

- (a) Dr. Ernest Jones : ' A Sleep Ritual '. A ritual serving the purpose of warding off the patient's fear and guilt about his father before he could settle down to security in bed (the incestuous union with his mother).
- (b) Dr. Eder : ' Sleep and sleepiness '. Four preparatory activities described, dermo-muscular, oral, anal and genital : query, is sleep not a neurotic character trait ? Two varieties of sleeplessness described : (a) from sexual unrest ; (b) need for punishment.
- (c) Dr. Yates : ' Clinical history obtained from preliminary analysis of a hysterical case of falling asleep '.
- (d) Dr. K. Stephen : ' Falling asleep as a transitory symptom-formation '. History of a case where falling asleep became a constant defence ; the rôle of homosexuality in the transference-situation.

May 7, 1930. Dr. Eder : ' Animosity of the father to the son '. Clinical evidence in support of what might be called the ' Abraham-complex ' ; antagonism might lead to the desire to kill the unborn child and to fear of having children ; vomiting of pregnancy and ' longings ' often due to a similar motivation ; filicide among psychotics of both sexes ; evidence from folk-lore ritual ceremonies, history, literature, etc. ; theory that much of child's castration-fear is a reaction to parental unconscious filicidal desires.

May 21, 1930. Dr. Brierley : ' On singing '. Themes expressed in the art of singing are variants of Oedipus themes, but libidinal charges expressed mainly pregenital. Singing an important part in solution of

singer's anxiety problem. Unconscious relations of speech and singing are very close ; phallic significance of song ; discharge of sadistic quantities ; interchange between oral and anal charges ; dramatization of masculine, feminine and hermaphroditic phantasies.

June 4, 1930. Miss Chadwick reported on the proceedings of the International Congress on Mental Hygiene, held at Washington in May 1930.

Short communications :

- (a) Dr. Bryan : ' A linguistic note ' ; and ' A psychotic phantasy ', dealing with the wish to enter the mother's body.
- (b) Dr. M. Schmideberg (Berlin : guest of the Society) : ' The psychology of a boy with criminal tendencies '. History of a nine-year-old habitual thief, sexually shameless and unusually destructive ; a defence against deep unconscious anxiety ; analysis brought about normal adaptation and development.
- (c) Dr. Glover : ' The vehicle of interpretation '.

June 18, 1930. Dr. M. Schmideberg (Berlin : guest of the Society) : ' The rôle of psychotic mechanisms in the development of civilization '.

Edward Glover,
Scientific Secretary.

Business Meetings. Third Quarter, 1930

May 7, 1930. It was resolved that Rules 4 and 5 should be altered to read as follows : Rule 4. The Annual Meeting of the Society shall be held in July (formerly October), when the Secretary's report and the Treasurer's statement shall be laid before the Society. Rule 5. The management of the Society shall be in the hands of a Council consisting of the President, Honorary Treasurer, two Honorary Secretaries and three other members, who shall be elected annually in July (formerly October).

July 16, 1930. Annual Meeting. The reports of the Secretaries, Treasurer and Librarian were submitted to the members.

The following officers were elected for the ensuing year :

President, Dr. Ernest Jones.

Hon. Treasurer, Dr. Douglas Bryan.

Hon. Scientific Secretary, Dr. Edward Glover.

Hon. Business Secretary, Dr. Sylvia Payne.

Hon. Librarian, Miss Barbara Low.

Members of the Council, Dr. Eder, Mrs. Riviere, Dr. Stoddart.

Training Committee, Dr. Glover, Dr. Jones, Mrs. Klein, Dr. Payne,

Mrs. Riviere, Miss Sharpe.

Library Committee, Miss Low, Dr. Stoddart, Mr. Strachey.

The following Associate Members were elected members of the Society :

Dr. Brierley, Dr. Adrian Stephen, Dr. Sybille Yates.

Miss Sheehan-Dare was elected an Associate Member of the Society.

It was resolved that Rule 22 should be altered to read as follows :
Rule 22. Alterations in the Rules shall only be made if they have been proposed in writing ten days before an Annual or Business Meeting. . . .

Addresses of Members

Miss Searl, 9, Kent Terrance, N.W. 1.

Miss Sharpe, 9, Kent Terrace, N.W. 1.

Dr. Adrian Stephen, 16, Nottingham Place, W. 1.

Dr. Karin Stephen, 140, Harley Street, W. 1.

Miss Sheehan-Dare, 39e, Linden Gardens, W. 2.

S. M. Payne,

Hon. Business Secretary.

DUTCH PSYCHO-ANALYTICAL SOCIETY

First and Second Quarters, 1930

January 18, 1930. (The Hague.) Business Meeting.

Election of Officers.—*President*, Dr. J. H. W. van Ophuijsen ; *Secretary*, Dr. A. Endtz ; *Treasurer*, Dr. F. P. Muller ; *Librarian*, Professor Dr. K. H. Bouman.

The rest of the meeting, to which members of certain medical societies had been invited, was devoted to the inauguration of the psycho-analytical Lecture Courses which had been organized. Dr. van Ophuijsen gave the inaugural address, in which he sketched the history of the psycho-analytical movement in Holland and explained the aim of the Lecture Courses.

Dr. S. J. R. de Monchy spoke on the origin and significance of neurotic symptoms, giving an account, illustrated by a number of examples, of the origin of psychic symptoms and of their cure by psycho-analysis.

March 22, 1930. (Leyden.) (1) Frau Dr. C. M. Versteeg-Solleveld : ' A case of phobia '. Various determinants of the patient's anxiety lest she had incarcerated some child somewhere. Apart from hate-impulse against little brothers and sisters, the following were determining factors—rivalry with the mother, scopophilia and castration-phantasies.

(2) Dr. A. Endtz : ' The execution of Damien '.

June 14, 1930. (Amsterdam.) (1) Dr. J. H. W. von Ophuijsen : Account of the Washington Congress for Mental Hygiene.

In the name of the Dutch Society, Dr. J. E. G. van Emden thanked Dr. van Ophuijsen for representing the psycho-analytic movement, and, in particular, the Dutch Society, at the Congress.

(2) Dr. A. J. Westerman-Holstijn : ' Remarks on the ego-ideal '. If our conception of the ego-ideal is such that it leads us to impose on others a ' social ego-ideal ', we are abandoning the analytical position (the object of which is first to break down resistances and then to bring repressed material into consciousness and allow the patient's psychic development

to take place spontaneously and free of outside influence) and we are taking up the position of psycho-synthesis. The ego-ideal, which is the source of resistance and repression, must merely be combatted by the analyst. To try to impose an ego-ideal on others is psycho-synthesis; to have such an ideal oneself is neurosis. Analysis enables the patient spontaneously to develop a 'true ideal' (Schilder), but a better term for this would be 'a formula of life' (Bleuler) or 'a programme of life' (V. Monakow). Compare the aims of Montessori's work, which is in some respects more favourable to free development than is the preaching of the ego-ideal by psycho-analytical psycho-synthesists. Criticism of Aichhorn's views on the subject.

GERMAN PSYCHO-ANALYTICAL SOCIETY.

First Quarter, 1930

January 18, 1930. Frl. Dr. Vowinkel: 'The present position of psychiatric research in relation to schizophrenia'.

Business Meeting. Election to Associate Membership.—Frl. Dr. med. Edith Jakobssohn, Berlin-Charlottenburg, Windscheidtstrasse 35.

February 1, 1930. General Meeting. Annual reports were submitted by the President, the Treasurer, the Directors of the Institute, the Training Committee, the Committee for the administration of the Loan Fund and the Frankfurt and Leipsic Psycho-Analytical Unions.

In his Presidential Report, Dr. Simmel made a survey of the work achieved, noted the extension of the analytic movement in Germany and outlined the tasks awaiting us in the future.

Reporting on the work of the Institute, Dr. Eitingon said that the course of training for practitioners of psycho-analytic therapy has now been satisfactorily laid down. The next step must be to frame a scheme of analytical instruction for members of the teaching and other professions, which were making a pressing demand for it. The Training Committee's Report will be published elsewhere. In this connection Dr. Eitingon said that of late there had been considerable criticism of the strictness of the Committee's procedure in selecting candidates, but that in this they were justified, both by the spirit and the considered wording of the regulations laid down in the Statutes.

The reports from Frankfurt and Leipsic have already appeared in this JOURNAL, Vol. XI. Pt. 2.

Dr. Watermann and Dr. Haas gave an account of their activities in Hamburg and Cologne respectively, and Dr. Simmel described the work of the Sanatorium Schloss Tegel, of which he is Director.

To the clause in the Statutes relating to the constitution of the Council Staub proposed the following amendment: 'That the Council shall consist of *at least* three members'. In accordance with a resolution sub-

mitted by Hárnik, Fenichel and Sachs, it was further decided that this year a Council of five should be elected, to consist of a President and four members, and that it should be left to the Council to allot their functions to the separate members. It is intended that a general revision of the Statutes shall take place, and it was suggested that, following the example of the International Psycho-Analytical Association, the Society should then make it a rule that the ex-President should automatically become a member of the Council.

Dr. Eitingon was unanimously elected President, and the following were elected members of the Council: Drs. Boehm, Horney, Sachs and Simmel.

Dr. Sachs and Dr. Simmel desired not to stand for re-election to the Training Committee. The following were thereupon elected: Drs. Alexander, Bernfeld, Eitingon, Fenichel, Horney, Müller-Braunschweig and Radó. The following were elected to serve as the Committee for the administration of the Loan Fund: Drs. Boehm, Hárnik, Hans Lampl and Müller-Braunschweig.

The following Associate Members were elected to full membership: Dr. Erich Haas (Cologne), Hugo Staub and Frl. Dr. Eda Vowinkel. Dr. Erwin Kohn resigned from Associate Membership.

The voluntary subscription to the Loan Fund and the obligation to treat free of charge one case at the Polyclinic still hold good.

Dr. Simmel made a statement about the attitude to psycho-analysis adopted by the *Allgemeine ärztliche Gesellschaft für Psychotherapie*. After a lengthy discussion the following resolution was adopted:

'The line which the *Allgemeine ärztliche Gesellschaft für Psychotherapie* intends to take in relation to the problems of psycho-analysis is as yet so ill-defined that the German Psycho-Analytical Society feels obliged to disclaim, on behalf of itself and its members, any responsibility for the proceedings of the said Society. The German Psycho-Analytical Society therefore cannot countenance its members holding any official position in the *Allgemeine ärztliche Gesellschaft für Psychotherapie*.'

February 11, 1930. Dr. Sachs: Review of Freud's book, *Civilization and its Discontents*.

February 22, 1930. Tenth anniversary of the founding of the Berlin Psycho-Analytical Institute. Eitingon opened the proceedings. His subject was 'Reminiscences of the History of Psychotherapy'. Radó gave an account of the work of the Institute, and outlined its possible future development. The staff and students of the Institute expressed their warm sense of gratitude to Dr. Eitingon for providing the psycho-analysts of Germany with an *alma mater* in the Institute. The celebration concluded with a lecture by Dr. Reik on 'The Way of all Flesh'.

March 4, 1930. Dr. Alexander: 'A Criminal Case: "possession" in a motor-driver'.

March 11, 1930. Frau Müller-Braunschweig: 'Notes on the development of a three-year-old boy'.

March 22, 1930. Discussion: 'The Effect of overcoming Infantile Amnesias'. The discussion was opened by Alexander and Schultz-Hencke.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1930

April 4, 1930. Dr. G. Dukes: Critique of Alexander Staub's *Der Verbrecher und seine Richter*.

April 25, 1930. Dr. I. Hermann: 'On Shame'. Psychological characteristics—differentiated from conscience. Elements in shame which can be analysed. Relation to the mentality of animals and of slaves—to the revealing of secrets—to fire. Reciprocal action with that of the will. Transformation in the 'collective scheme'. The 'cynic' movement.

May 5, 1930. Frau Dr. Dubovitz and Frau von Felszeghy (guest of the Society): Report of the Children's Out-Patient Clinic. Discussion of various cases.

May 23, 1930. Frau A. Bálint: 'Identification'. Close relation between identification with the object and with the ego. Part played by identification in the development of children (illustrated by a particular case of enuresis).

June 6, 1930. Dr. M. J. Eisler: 'Analysis of the "ritual" of a narcissistic patient, with some remarks on the problem of decoration in general'.

Imre Hermann,

Secretary.

INDIAN PSYCHO-ANALYTICAL SOCIETY

January 26, 1930. Eighth Annual General Meeting.

1. The Annual Report of the Society for 1929 was adopted.
2. The Society placed on record its deep sorrow at the untimely death of one of its foundation members, Captain N. C. Mitra, M.B., who spared no pains to further its cause.

3. *Election of Council.*

Dr. G. Bose (*President*).

Mr. H. Maiti.

Mr. G. Bora.

Mr. M. N. Banerji (*Secretary*).

Dr. S. Mitra (*Librarian*).

4. Mr. Maiti was requested to help the Librarian in his work.
5. The report of the Sub-Committee appointed to formulate a scheme for the training of psycho-analysts was adopted and the rules embodied

in the Report incorporated in the rules as 14B (1) to (11) of the Society, a copy of the Report being forwarded to each member for information.

6. It was resolved that an appeal should be made to members of this Society and other persons interested in psycho-analysis for a subscription to Freud's Seventy-fifth Anniversary Fund, Mr. Maiti to be entrusted with the work.

THE NEW YORK PSYCHO-ANALYTIC SOCIETY

Second Quarter, 1930

April 29, 1930. The meeting was preceded by a banquet at the Academy of Medicine in honour of our European guests. The programme consisted of papers by Dr. Helene Deutsch: 'Zur Genese des Familienromans'; by Dr. R. Spitz: 'Stage-fright'; by Dr. S. Radó: 'Zur Psychoanalyse der Rauschgiftsuchten'; by Dr. F. Alexander: 'An infantile dream'. Dr. Jelliffe closed the meeting with a speech of welcome and appreciation to our guests. There was no business meeting.

May 27, 1930. Dr. A. A. Brill: Review of *Das Unbehagen in der Kultur*. At the business meeting the resignation of Dr. Oswald Boltz was accepted. Dr. George S. Amsden was elected to full membership, and Dr. Susanna S. Haigh and Mrs. Margaret J. Powers to Associate Membership.

Outside the regular meetings the group has had the privilege of being able to attend a series of lectures, in May, 1930, on the neuroses by Frau Dr. Deutsch; on dreams by Dr. Alexander; and a clinical seminar by Dr. Radó, as well as several public lectures by these and other guests from abroad, including Miss Chadwick and Pfarrer Pfister.

The Educational Committee has also held a series of informal colloquia and seminars weekly. One series on problems of interpretation was held by Dr. Lewin, with Drs. Stern, Meyer and Brill as leaders; one on metapsychology, including a review of Freud's papers on this topic, by Dr. Zilboorg, with Drs. Brill, Feigenbaum and Lewin as leaders. These were well attended, and the Committee is encouraged to go on with work of this sort.

No regular meeting was held in June.

Bertram D. Lewin,

Secretary.

PARIS PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1930

April 15, 1930. Dr. Leuba: 'A Case of Anxiety-neurosis'.

May 20, 1930. Resignation of M. Monod-Herzen from associate membership. Discussion of plans for the Fifth Conference of French psycho-analysts.

Mme. Jouve-Reverchon: 'A case of interrupted analysis'. After

particulars of the case and the psycho-analytical material had been given, members discussed the best course to pursue under the peculiar difficulties.

June 17, 1930. (a) Discussion of papers to be read at the Fifth Conference of French psycho-analysts on the subject of 'The psycho-analytical conception of hysteria and neurotic visceral symptoms'.

(b) Dr. Allendy: Communication of a case of psycho-analytic treatment of a young woman, in which, after less than thirty sittings, the symptoms—frigidity, digestive troubles, fits of crying, etc.—completely disappeared. Discussion of the mechanism of this rapid cure.

June 6, 30. The Fifth Congress of French Psycho-Analysts was held at the Asile Ste Anne. The following papers were read:

1. MM. A. Hesnard and R. Laforgue: 'Mechanisms of auto-function'.
2. Mme. Marie Bonaparte: 'Prophylaxis in childhood'.
3. Mme. Morgenstern: 'The analysis of children'.

Change of address: Dr. Charles Odier, 79 Boulevard Montmorency, Paris, XVI^e.

RUSSIAN PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1930

January 7, 1930. Seminar. Wera Schmidt: 'Notes from the analysis of a six-year-old boy suffering from hysteria'.

January 16, 1930. Seminar. R. A. Awerbuch: Clinical communication.

January 21, 1930. Business Meeting.

February 7, 1930. J. W. Kannabich: Report of the First Congress of the Psychological Union, held in Leningrad.

Business Meeting. Election of Officers. The former officers were re-elected.

February 13, 1930. Seminar. Wera Schmidt: 'Further notes from the analysis of a six-year-old boy'.

February 17, 1930. B. D. Friedmann: Report of the criticisms of psycho-analysis made at the First Congress of the Psychological Union.

February 23, 1930. Business Meeting. Discussion of the scheme of work to be adopted by the Society for the year 1930.

March 1, 1930. R. A. Awerbuch: Anti-religious propaganda—the position to be adopted by the Society.

March 7, 1930. A. K. Rohr: 'Psycho-Analysis and Religion'.

March 17, 1930. R. A. Awerbuch: Review of Freud's *Das Unbehagen in der Kultur*.

March 27, 1930. A. K. Rohr: 'An Introduction to Psycho-Analysis', Lecture for physicians and teachers.

Wera Schmidt,

Secretary.

in the Report incorporated in the rules as 14B (1) to (11) of the Society, a copy of the Report being forwarded to each member for information.

6. It was resolved that an appeal should be made to members of this Society and other persons interested in psycho-analysis for a subscription to Freud's Seventy-fifth Anniversary Fund, Mr. Maiti to be entrusted with the work.

THE NEW YORK PSYCHO-ANALYTIC SOCIETY

Second Quarter, 1930

April 29, 1930. The meeting was preceded by a banquet at the Academy of Medicine in honour of our European guests. The programme consisted of papers by Dr. Helene Deutsch: 'Zur Genese des Familienromans'; by Dr. R. Spitz: 'Stage-fright'; by Dr. S. Radó: 'Zur Psychoanalyse der Rauschgiftsuchten'; by Dr. F. Alexander: 'An infantile dream'. Dr. Jelliffe closed the meeting with a speech of welcome and appreciation to our guests. There was no business meeting.

May 27, 1930. Dr. A. A. Brill: Review of *Das Unbehagen in der Kultur*. At the business meeting the resignation of Dr. Oswald Boltz was accepted. Dr. George S. Amsden was elected to full membership, and Dr. Susanna S. Haigh and Mrs. Margaret J. Powers to Associate Membership.

Outside the regular meetings the group has had the privilege of being able to attend a series of lectures, in May, 1930, on the neuroses by Frau Dr. Deutsch; on dreams by Dr. Alexander; and a clinical seminar by Dr. Radó, as well as several public lectures by these and other guests from abroad, including Miss Chadwick and Pfarrer Pfister.

The Educational Committee has also held a series of informal colloquia and seminars weekly. One series on problems of interpretation was held by Dr. Lewin, with Drs. Stern, Meyer and Brill as leaders; one on metapsychology, including a review of Freud's papers on this topic, by Dr. Zilboorg, with Drs. Brill, Feigenbaum and Lewin as leaders. These were well attended, and the Committee is encouraged to go on with work of this sort.

No regular meeting was held in June.

Bertram D. Lewin,

Secretary.

PARIS PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1930

April 15, 1930. Dr. Leuba: 'A Case of Anxiety-neurosis'.

May 20, 1930. Resignation of M. Monod-Herzen from associate membership. Discussion of plans for the Fifth Conference of French psycho-analysts.

Mme. Jouve-Reverchon: 'A case of interrupted analysis'. After

particulars of the case and the psycho-analytical material had been given, members discussed the best course to pursue under the peculiar difficulties.

June 17, 1930. (a) Discussion of papers to be read at the Fifth Conference of French psycho-analysts on the subject of 'The psycho-analytical conception of hysteria and neurotic visceral symptoms'.

(b) Dr. Allendy: Communication of a case of psycho-analytic treatment of a young woman, in which, after less than thirty sittings, the symptoms—frigidity, digestive troubles, fits of crying, etc.—completely disappeared. Discussion of the mechanism of this rapid cure.

June 6, 30. The Fifth Congress of French Psycho-Analysts was held at the Asile Ste Anne. The following papers were read:

1. MM. A. Hesnard and R. Laforgue: 'Mechanisms of auto-function'.
2. Mme. Marie Bonaparte: 'Prophylaxis in childhood'.
3. Mme. Morgenstern: 'The analysis of children'.

Change of address: Dr. Charles Odier, 79 Boulevard Montmorency, Paris, XVI^e.

RUSSIAN PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1930

January 7, 1930. *Seminar*. Wera Schmidt: 'Notes from the analysis of a six-year-old boy suffering from hysteria'.

January 16, 1930. *Seminar*. R. A. Awerbuch: Clinical communication.

January 21, 1930. *Business Meeting*.

February 7, 1930. J. W. Kannabich: Report of the First Congress of the Psychological Union, held in Leningrad.

Business Meeting. Election of Officers. The former officers were re-elected.

February 13, 1930. *Seminar*. Wera Schmidt: 'Further notes from the analysis of a six-year-old boy'.

February 17, 1930. B. D. Friedmann: Report of the criticisms of psycho-analysis made at the First Congress of the Psychological Union.

February 23, 1930. *Business Meeting*. Discussion of the scheme of work to be adopted by the Society for the year 1930.

March 1, 1930. R. A. Awerbuch: Anti-religious propaganda—the position to be adopted by the Society.

March 7, 1930. A. K. Rohr: 'Psycho-Analysis and Religion'.

March 17, 1930. R. A. Awerbuch: Review of Freud's *Das Unbehagen in der Kultur*.

March 27, 1930. A. K. Rohr: 'An Introduction to Psycho-Analysis'. Lecture for physicians and teachers.

Wera Schmidt,

Secretary.

SWISS PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1930

April 12, 1930. Dr. med. Geiser (Bâle): 'Psycho-analytical experience in medical practice'. The principal importance of psycho-analytical knowledge for the practising physician is in connection with the handling of the transference. Unconscious determination of particular symptoms at times revealed through a positive transference. Illustration: a patient, when coughing during the analytic hour, invariably had an attack of hiccough. Recollection of a scene in childhood, when similar hiccoughing betrayed to his father that the patient had been eating sweets before a meal. Repetition of the hiccoughing in the analytic hour: sexual enjoyment before legitimate marriage, dread of infection. The unconscious selection of phrases during anamnesia merits notice—e.g. 'My heart is sobbing' (conflict about confession); 'I feel as if something were going to burst' (here the patient indicated his breast). This signified conflict about marriage. (Author's abstract.)

May 3, 1930. Dr. med. Christoffel (Bâle): A short review of Freud's *Das Unbehagen in der Kultur*. Some suggestions arising therefrom. After a short survey of the book certain sections were selected for discussion. Special reference was made to the possible connection between the religious sentiment and mother-fixation.

Business Meeting. The scheme for Aichhorn's lectures was drawn up.

May 19, 1930. Aichhorn (Member of the Pedagogical Institute, Vienna): 'Some practical experiences in the education of asocial children'. Distinction between asocial and neurotic behaviour. Content and form of asocial behaviour defined: the content is aggression, while the form corresponds to the manifest content in dreams. Selected manifestations of his pleasure in aggression, when a child, welded into a whole by the asocial character. Necessary treatment: transference being impossible, the educator must master the subject's ego-organization; readiness of such patients to surrender the super-ego to the object. Value of the factor of surprise, with a view to educating the subject until an obsessional neurosis develops, which can be analysed. Various illustrations to make the theoretical discussion more vivid.

June 13, 1930. Dr. med. Blum (Berne): 'The psychology of morbid cravings'. Psycho-analytical examination of fixation to the mother and oral fixation, illustrated by references to the literature on morbid cravings and to fairy-tales, legends and folk-lore. The theme is that of a paper read at Geneva before the International Commission on the Sale of Intoxicants and is now treated in greater detail.

Hans Zulliger,

Secretary.

VIENNA PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1930

January 15, 1930. Short communications and reviews :

(a) Dr. Federn : A schizophrenic's reaction to Kellermann's *Tunnel* '.

(b) Dr. Sterba : ' A telepathic phenomenon in analysis '.

January 29, 1930. Dr. Ludwig Jekels : ' The psychology of pity '.

February 26, 1930. Frä. Anna Freud : ' A counterpart to the " animal-phobia " of children '.

March 12, 1930. Dr. Wilhelm Reich : ' Clinical notes on character-formation '.

March 26, 1930. Short communications and reviews :

(a) Dr. Isakower : ' Psycho-Analytical notes on cases of cerebral pathology '.

(b) Dr. Stengel : ' Demonstration of a symbolical drawing '.

(c) Dr. Isakower : ' An additional observation on cerebral pathology '.

(A contribution to the explanation of the compulsion to repetition.)

(d) Dr. Federn : ' Fragment of a dream '.

A recommendation to analysts to pursue their scientific work, and an explanation of the phenomenon of scientific over-production.

Business Meeting

Frau Dr. Jenny Wälder-Pollak, Vienna II, Obere Donaustrasse 35, was elected to membership.

Changes of Address : Dr. Edmund Bergler, Vienna I, Seilerstätte 7 ; Dr. Ludwig Eidelberg, Vienna XIX, Chimanistrasse 11 ; Dr. Paul Federn, Vienna VI, Köstlergasse 7 ; Dr. Ernst and Dr. Marianne Kris, Vienna IX, Schwarzspanierstrasse 11 ; Dr. H. Nunberg, Vienna IX, Porzellangasse 39 ; Professor Dr. Paul Schilder, New York, U.S.A., N.Y. Bellevue Hospital, Psychiatric Station ; Dr. Jenny and Dr. Robert Wälder, Vienna II, Obere Donaustrasse 35.

Dr. R. H. Jokl,

Secretary.

REPORT OF THE INTERNATIONAL TRAINING COMMISSION

BERLIN PSYCHO-ANALYTICAL INSTITUTE

JANUARY-MARCH, 1930

(a) Lectures

1. Sándor Radó : Introduction to Psycho-Analysis. Part II. : General Theory of the Neuroses. Seven lectures. Attendance, 72.
2. Siegfried Bernfeld : Infantile Sexuality. Seven lectures. Attendance, 51.
3. Hanns Sachs : Technique of Psycho-Analysis. Part II. (For candidates only.) Seven Lectures. Attendance, 21.

4. Jenő Hárník : On the Psychology of the Erotic Life (illustrated from psycho-analytic practice). Five lectures. Attendance, 11.
5. Karen Horney : Biology of Sex (arranged for lay candidates). Five lectures. Attendance, 12.

(b) *Seminars, etc.*

6. Felix Boehm : Seminar on the works of Freud : Case Histories. Part II. Seven lectures of two hours. Attendance, 25.
7. Otto Fenichel : Seminar on the works of Freud : Lectures on Theory. Part II. Seven lectures of two hours. Attendance, 16.
8. Seminar on Technique, held weekly. (For candidates only.) Three groups. Led by Alexander, Horney and Radó respectively.
9. Max Eitingon and others : Groups for practical therapy (control analyses).
10. Sándor Radó : Survey of recent literature. (Discussion of new publications in psycho-analysis and allied subjects.) Attendance, 29.
11. Ernst Simmel : Problems in psycho-analytic therapy. (For practising analysts only.) Four courses of two hours. Attendance, 7.

(c) *Study Circles*

12. Study Circle in Pedagogy. Leaders : Carl Müller-Braunschweig, Siegfried Bernfeld.
13. Study Circle in Criminology. Leaders : Franz Alexander, Hugo Staub.

APRIL-JUNE, 1930

(a) *Lectures*

1. Otto Fenichel : Theory of the specific neuroses. Part I : Transference-neuroses. Seven lectures. Attendance, 34.
2. Jenő Hárník : The handling of dream-interpretation in psycho-analytical therapy. Seven lectures. Attendance, 14.

(b) *Seminars, etc.*

3. Sándor Radó : Application of psycho-analysis to literature and art : *Grimm's Fairy Tales*. Attendance, 36.
4. Felix Boehm : Seminar on the works of Freud : Case Histories, Part II. Seven lectures of two hours. Attendance, 19.
5. Hans Sachs : The Technique of Interpretation in reference to Wit, Art and Allied subjects. (For training candidates and practising analysts only.) Five lectures of two hours. Attendance, 16.
6. Seminar on technique, held weekly. (For candidates only.) Led by Alexander, Horney and Radó.
7. Max Eitingon and others : Groups for practical therapy (control analyses).

8. Anna Freud (guest of the Society): Seminar on the technique of child-analysis. (For practising child-analysts only.) Seven lectures of two hours. Attendance, 8.
9. Franz Alexander: Seminar on the theory of technique (infantile memories, current conflicts, activations, voluntary and involuntary suggestion). Five lectures. Attendance, 10.
10. Ernst Simmel: Problems in psycho-analytic therapy. (For practising analysts only.) Held at the Psycho-Analytical Clinic, Berlin-Tegel. Four sessions of two hours. Attendance, 7.
11. Siegfried Bernfeld: Seminar on practical questions in psycho-analytical pedagogy. (For advanced students.) Attendance, 28.

(c) *Study Circles*

12. Study Circle in pedagogy. Led by Carl Müller-Braunschweig; Siegfried Bernfeld.

Programme of Studies for Teachers

A special programme of studies for teachers has been instituted for those wishing to further their professional activities by a psycho-analytical training; it will open at the commencement of the Training Year 1930-1931.

Review of the Berlin Psycho-Analytical Institute

The ten years' existence of the Institute was marked by the publication in September, 1930, by the German Psycho-Analytical Society, of a review, brought out by the *Internationaler Psychoanalytischer Verlag* in Vienna, under the title of *Ten Years of the Berlin Psycho-Analytical Institute and Training Centre*. The volume, with a Preface by Sigmund Freud, is dedicated to the founder and leader of the Institute, Max Eitingon, edited by Sándor Radó, with the assistance of Otto Fenichel and Carl Müller-Braunschweig, and contains the following contributions:

Simmel: The History and Social Significance of the Institute.

Fenichel: Statistical Report of the Therapeutic Work, 1920-1930.

Müller-Braunschweig: Historical Survey of the Training Organization and Allied Activities.

Lampl: Consultations at the Clinic.

The Training Institute.

Horney: Organization.

Sachs: Training analysis.

Alexander: Theoretical course.

Radó: Practical course.

Bernfeld: Analytical instruction for teachers.

Boehm: Loan Fund.

Hárník: The Institute's earnings.

Zilboorg : American Interest in the Institute.

Raknes : Norwegian Interest in the Institute.

Appendix. Eitingon : Address at the inauguration of the new premises of the Institute.

FRANKFURT PSYCHO-ANALYTICAL INSTITUTE.

Spring, 1930

1. Dr. Heinrich Meng : Introduction to Psycho-Analysis. Part II. Attendance, 46.
2. Dr. Heinrich Meng : Introduction to psycho-analytical pedagogy (with discussion). Attendance, 64.
3. Frau Dr. Frieda Fromm-Reichmann : Theory of the Instincts. Part II. Attendance, 28.
4. Dr. Karl Landauer : Case Histories. Part III. Attendance, 46.

Summer, 1930

1. Dr. Heinrich Meng : Elementary Psycho-Analysis (specially designed for teachers). Attendance, 32.
2. Dr. Heinrich Meng : Psycho-analytical problems in internal medicine and in gynæcology (for physicians and medical students only). Attendance, 12.
3. Frau Dr. Frieda Fromm-Reichmann : Theory of the neuroses. Attendance, 12.
4. Dr. Karl Landauer : Psycho-analysis and marriage. Attendance, 34.

BRITISH PSYCHO-ANALYTICAL INSTITUTE

ANNUAL REPORT OF THE TRAINING COMMITTEE FOR THE YEAR 1929-30

In October, 1929, there were sixteen candidates on the training list. During the year seven candidates were approved and commenced training ; two were removed from the list and one resigned. Three candidates finished their training and were passed for private practice, viz., Dr. Brierley, Dr. Karin Stephen and Dr. Yates. In July, 1930, there remained seventeen candidates in training, of whom one is suspended. Four candidates were advanced to the stage of control analysis. There are now eight candidates doing control analysis.

Lecture Courses

January-April, 1930. Miss Sharpe : ' Technique of Psycho-Analysis '.

May-July, 1930. Dr. Edward Glover : ' Theory of Psycho-Analysis '.

November, 1929-May, 1930. Technical Seminars for controlled candidates (monthly) conducted by Dr. Glover, Miss Searl, Dr. Payne, Dr. Ernest Jones and Mrs. Riviere.

Control analysis conducted weekly by Dr. Glover, Dr. Ernest Jones, Mrs. Klein, Dr. Payne, Miss Searl and Miss Sharpe.

DUTCH PSYCHO-ANALYTICAL SOCIETY

Lecture Courses

1. Dr. J. H. W. van Ophuijsen : Discussion of psycho-analytic therapy. Alternate weeks. (For members of the Society and of the Leyden Society for Psycho-Analysis and Psychopathology.)
2. Dr. J. H. W. van Ophuijsen and Dr. H. C. Jelgersma : Clinical medicine and psycho-analytic treatment of the psycho-neuroses. Weekly. (For physicians only.)
3. Dr. F. P. Muller : The psychology of phantasy. Ten lectures.
4. Dr. S. J. R. de Monchy : The psycho-analysis of dreams. Four lectures.
5. Dr. J. H. W. van Ophuijsen : Introduction to a psycho-analytical sexuology. Six lectures.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY, BUDAPEST

FIRST QUARTER, 1930

Lectures

1. István Hollós : Introduction to Psycho-Analysis. Eight lectures. Attendance, 60.
2. Michael Bálint : Seminar on the Unconscious. Eight lectures. Attendance, 20.
3. S. Ferenczi : Clinical seminar. (For training candidates only.) Attendance, 8.

SECOND QUARTER, 1930

1. Alice Bálint : Introduction to Child Psychology. Four lectures. Attendance, 30.
2. Michael Joseph Eisler. Development of Morality in the Ego. Five lectures. Attendance, 40.
3. S. Pfeifer : Infantilism in Sexuality. Four lectures. Attendance, 12.
4. Vilma Kovács : Seminar in technique. (For training candidates only. Six lectures. Attendance, 8.

THE INDIAN PSYCHO-ANALYTICAL INSTITUTE

REPORT OF THE COMMITTEE APPOINTED TO DRAFT A SCHEME FOR THE ORGANIZED TRAINING OF PSYCHO-ANALYSTS

1. There shall be an Institute at Calcutta for the training of medical and non-medical persons in psycho-analysis.
2. The Institute shall be called the Indian Psycho-Analytical Institute.
3. The management shall be under the control of the Indian Psycho-Analytical Society.
4. The Society shall select not more than six and not less than four members to conduct the Institute under it. The president of the Indian Psycho-Analytical Society shall be the ex-officio President of the Institute,

and the Secretary of the Society shall be the ex-officio Secretary of the Institute.

5. It shall be the duty of the Institute to conduct the necessary training of students and to regulate other related matters.

6. No member shall have the right to accept a candidate for instruction on behalf of the Institute or the Society without the previous written permission of the Society.

7. A fee of Rs. 150/-, to be paid in three instalments, shall be charged by the Institute for each student. Besides this, the candidate shall have to pay a small monthly fee for laboratory work in psychology. Foundation members shall be exempted from the payment of any fee.

TRAINING

8. *Qualifications for admission :—*

- (a) A candidate shall not be under 21 years of age.
- (b) No person suffering from any serious physical or mental illness or defect shall be admitted.
- (c) A candidate shall have to produce a certificate of good moral character from a respectable person and recommendations from at least 3 members of the Society.
- (d) A graduate of any recognized University or a person approved by the Council of the Society as regards his educational equipment shall be eligible. A medical qualification recognized by the Government of India shall be considered a sufficient educational equipment for eligibility.

9. *Course :—*

Every candidate shall undergo the following courses of training, unless specially exempted by the Institute.

- (a) General Psychology.
- (b) Abnormal Psychology.
- (c) Physiological Psychology.
- (d) Animal and Child Psychology.
- (e) Social Psychology and Folk Psychology.
- (f) Biology.
- (g) Heredity and Eugenics.
- (h) Educational Psychology.
- (i) Neurology and Psychiatry.
- (j) Sexuology.
- (k) Psycho-analysis (theoretical).
- (l) Laboratory work in Normal and Abnormal Psychology.
- (m) Practical Instructions in Psycho-Analysis.

10. Every candidate shall have to submit himself for psycho-analysis to an analyst appointed by the Institute.

11. At the completion of the course the Institute shall grant a certificate in a prescribed form countersigned by the President of the Society entitling the candidate to gain admission as a member of the Indian Psycho-Analytical Society.

TRAINING INSTITUTE OF THE VIENNA PSYCHO-ANALYTICAL
SOCIETY

(a) *Lectures, 1929-30*

Dr. R. Wälder : The Theory of Dreams. Five lectures. Attendance, 27.

Dr. Helene Deutsch : Theory of the Specific Neuroses. Fifteen lectures.
Attendance, 46.

Dr. R. Wälder : General Theory of the Neuroses. Nine lectures. Attendance, 19.

Dr. E. Bibring : Psychiatric problems. Five lectures. Attendance, 14.

(b) *Special Course for Teachers*

A. Aichhorn : Study Circle for teachers, social workers and others.

Dr. W. Hoffer : Seminar for teachers.

(c) *Seminars*

Dr. Reich : On psycho-analytic therapy (alternate weeks at the Out-Patient Department of the Vienna Psycho-Analytical Society).

Anna Freud : On the technique of child-analysis (weekly).

Dr. P. Federn : On the works of Freud (weekly).

Now Ready. Size $5\frac{1}{2} \times 8\frac{3}{4}$.

Pp. xii + 203.

Price 10/6.

Postage 6d.; Abroad 9d.

PSYCHOPATHOLOGY

A SURVEY OF MODERN APPROACHES

BY

J. ERNEST NICOLE

L.M.S.S.A., D.P.M.R.C.P. & S.

SENIOR ASSISTANT MEDICAL OFFICER, LANCASHIRE COUNTY MENTAL
HOSPITAL, WINWICK; HONORARY SECRETARY PSYCHOPATHOLOGY
SUB-COMMITTEE, ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION;
LATE ASSISTANT MEDICAL OFFICER, COUNTY MENTAL
HOSPITAL, PRESTWICH, ETC., ETC.

WITH FOREWORD BY

W. H. B. STODDART, M.D., B.S., F.R.C.P.Lond.



THIS book is intended to fill the gap which exists between the textbooks of psychology and psychopathology on the one hand and those of psychiatry on the other, without itself aspiring to be either.—EXTRACT FROM PREFACE.



"I HAVE no hesitation in saying that every medical officer of a Mental Hospital or Home, every student of mental disease, and indeed every student of psychology, will find this comprehensive predigested literary banquet a most useful adjunct to his library, finding therein many a starting point for further reading and research."—W. H. B. STODDART.

BAILLIÈRE, TINDALL & COX,

7 & 8, HENRIETTA ST., COVENT GARDEN, LONDON, W.C. 2.

BAILLIÈRE, TINDALL & COX'S

IMPORTANT PUBLICATIONS

Sleep and the Treatment of its Disorders

By R. D. GILLESPIE, M.D., M.R.C.P., D.P.M., Physician and Lecturer in Psychological Medicine, Guy's Hospital, London.

"In 'Sleep' we have a monograph which is clear, concise and competent, by a writer who is both alive to modern points of view and able to profit by the wisdom of the centuries."—*Psyché*.

Size $7\frac{1}{2} \times 5$ ". Pp. viii + 267, with 5 Figures. Price 7s. 6d. Postage 6d.

Jung's Two Essays on Analytical Psychology

Authorized Translation by H. G. and C. F. BAYNES.

First Essay.—The Unconscious in the Normal and Pathological Mind.

Second Essay.—The Relation of the Ego to the Unconscious.

Demy 8vo. Pp. xviii + 280. Price 10s. 6d. Postage 6d. extra.

Papers on Psycho-Analysis

By ERNEST JONES, M.D.

"This book is a compilation of papers on many of the topics which come within the scope of psycho-analysis. . . . The work is interesting and helpful, not only to those who wish to know what psycho-analysis is, but also to those already engaged in psycho-analytic investigation."—*Royal Society of Medicine*.

Third Edition. Royal 8vo. Pp. x + 732. Price 25s. Postage 9d.

The Invert and His Social Adjustment by Anomaly

With Introduction by ROBERT H. THOULESS, M.A., Ph.D.,
Lecturer in Psychology at the University of Glasgow.

"The book has our cordial good wishes."—*International Journal of Psycho-Analysis*.

F'cap 8vo. Pp. xxxii + 160. Price 5s. Postage 4d.

Masturbation and its Reputed Sequelæ

By J. F. W. MEAGHER, M.D.

"This book is a sane and scientific contribution to the modern literature of the subject."—*Medical Press and Circular*.

Second Edition. Pp. 80. Price 7s. 6d. Postage 4d.

Aids to Psychology

By JOHN H. EWEN, M.R.C.S., L.R.C.P., Assistant Medical Officer,
Surrey County Mental Hospital, Netherne.

Pp. viii + 166. Price 3s. 6d. Postage 4d.

Aids to Psychiatry

By W. S. DAWSON, M.A., M.D. Oxon, M.R.C.P., D.P.M., Professor
of Psychiatry, Sydney University, late Senior Assistant M.O. Maudsley
Hospital, London.

Second Edition. Pp. viii + 312. Price 4s. 6d. Postage 4d.

BAILLIÈRE, TINDALL & COX,

7 & 8, HENRIETTA ST., COVENT GARDEN, LONDON, W.C. 2.

The International Journal of Psycho-Analysis

Volumes I to X
Bound in Half Leather

Index. See below.

Price, per Vol.

40s.

plus postage.

(U.S.A. \$10.00.)

SUPPLEMENTS

To the INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS.

No. 1. A GLOSSARY OF TECHNICAL TERMS

For the use of Translators of Psycho-Analytic Works. Price 2/6.
Paper Cover. Postage 3d. (U.S.A. 70 cents.)

No. 2. THE DEVELOPMENT OF THE PSYCHO-ANALYTICAL THEORY OF THE PSYCHOSES OF 1893-1926

By JOHN RICKMAN, M.A., M.D. Price 6/-. Paper Cover.
Postage 4d. (U.S.A. \$1.60.)

"To review this publication would mean a critical survey of the whole field of psycho-analytical teaching in regard to psycho-pathology, such is the ground covered by the author."—*Journal of Mental Science*.

No. 3. THE TECHNIQUE OF PSYCHO-ANALYSIS

By EDWARD GLOVER, M.D. Price 6/-. Paper Cover.
Postage 4d. (U.S.A. \$1.60.)

"For those who practise psycho-analysis a handbook of this kind is indispensable."—*Journal of Neurology*.

"... those who intend to apply analytic treatment would find this work an indispensable part of their equipment."—*British Medical Journal*.

No. 4. COMPLETE INDEX TO VOLUMES I—X

By DOUGLAS BRYAN. 118 pages, containing nearly 6,000 entries. Price 7/6, paper cover. Postage 6d. (U.S.A. \$2.10); or bound uniform with volumes, price 12/6. Postage 6d. Abroad 10d. (U.S.A. \$3.25.)

BAILLIÈRE, TINDALL & COX,

7 & 8, HENRIETTA ST., COVENT GARDEN, LONDON, W.C.2.

BAILLIÈRE, TINDALL & COX'S

IMPORTANT PUBLICATIONS

Nearly Ready.

REFLEX ACTIONS

A Study in the History of Physiological Psychology

By FRANKLIN FEARING, Ph.D.

Size 6" × 9". Pp. xiii + 350.

Price 30/- Postage 9d.

Now Ready.

THE AUTONOMIC NERVOUS SYSTEM

By ALBERT KUNTZ, Ph.D., M.D.

Professor of Anatomy in St. Louis University School
of Medicine.

Size 6" × 9½". Pp. xii + 576. With 70 Illustrations.

Price 31/6. Postage 1s.

Nearly Ready. The first appearance in English of a Famous French Classic

MAINE DE BIRAN'S

THE INFLUENCE OF HABIT ON THE FACULTY OF THINKING

Translated by MARGARET D. BOEHM, of the Johns
Hopkins University,

With an Introduction by GEORGE BOAS

Size 6" × 9". Pp. 227.

Price 22s. 6d.

TREDGOLD'S MENTAL DEFICIENCY

By A. F. TREDGOLD, M.D.Durh., F.R.C.P.Lond.,
F.R.S.E.D., Lecturer on Mental Deficiency, London
University.

"Indispensable as a trustworthy guide to the most recent scientific and sociological findings in this department of human activity . . . should be read and referred to by all who are called into relation with the mentally defective."

Journal of Mental Science.

Fifth Edition. Size 9" × 6". Pp. xvi + 520, with 35 Plates.

Price 25s. Postage: Inland 9d.; abroad 1s.

BAILLIÈRE, TINDALL & COX,
7 & 8, HENRIETTA ST., COVENT GARDEN, LONDON, W.C. 2.

THE JOURNAL OF MENTAL SCIENCE

(Published by Authority of the Medico-Psychological
Association of Great Britain and Ireland)

EDITORS

J. R. LORD, C.B.E., M.D.

G. DOUGLAS McRAE, M.D.

THOMAS BEATON, O.B.E., M.D.

ASSISTANT EDITOR

ALEXANDER WALK, M.D.

CONTENTS FOR JULY, 1930.

Obituary :

William Bevan-Lewis, M.Sc., M.R.C.S., L.R.C.P.; by *Joseph Shaw Bolton, M.D.*

Original Articles :

Psycho-Pathology and the Herd-Instinct; by *J. Ernest Nicole, L.M.S.S.A., D.P.M.*—Description of Psychiatric and Allied Activities seen on an American Tour; by *A. A. W. Petrie, M.D., M.R.C.P.Lond., F.R.C.S.E., D.P.M.*—American Psychiatry and its Practical Bearings on the Application of Recent Local Government and Mental Treatment Legislation, Including a Description of the Author's Participation in the First International Congress on Mental Hygiene, Washington, May 5-10, 1930; by *J. R. Lord, C.B.E., M.D., F.R.C.P.E.*—The Clinical Diagnosis of Congenital Syphilis; by *R. M. Stewart, M.D., Ch.B., F.R.C.P.Edin., D.P.M.*—Some Observations on the Ætiology of Dementia Præcox; by *W. S. Jagoe Shaw, M.D., B.Ch., Lt.-Col. I.M.S. (Retd.)*.—A Study of Inco-Ordinate Movement in Epilepsy; by *John R. Beith Robb, F.R.F.P.S.Glas.*—The Ætiology of General Paralysis of the Insane; by *T. D. Power, M.D., M.R.C.P., D.P.H., D.P.M.*—Perseveration in the Insane Epileptic; by *John H. Ewen, M.R.C.S. Eng., L.R.C.P.Lond., D.P.M.*

Also

Medico-Legal Notes; Occasional Notes; Reviews; Epitome of
Current Literature; Notes and News.

Published Quarterly

Price 7s. 6d. net; or 30s. p.a.

by

J. & A. CHURCHILL

40 GLOUCESTER PLACE, PORTMAN SQUARE,
LONDON, W. 1.

THE BRITISH JOURNAL OF MEDICAL PSYCHOLOGY

Being the Medical Section of the
British Journal of Psychology

Edited by

T. W. MITCHELL

with the assistance of

JOHN RICKMAN

aided in the selection of papers by

H. G. BAYNES
ERNEST JONES

WILLIAM BROWN
GEORGE RIDDOCH

VOL. X.

1930

PART II.

CONTENTS

(All Rights Reserved.)

	PAGE
MAY SMITH. The Nervous Temperament	99
M. D. EDER. Psychology and Value	175
JAMES W. WOODARD. Analysis of a Dream	186
INGEBORG FLUGEL. On the Significance of Names	208
REVIEWS	214

Published by the Cambridge University Press, Fetter Lane,
London, E.C. 4.

Published quarterly. 30/- Yearly. \$7.25 net American.
Orders to be sent to

ENGLAND : The Cambridge University Press, Fetter Lane,
London, E.C. 4.

AMERICA : University of Chicago Press, Chicago, U.S.A.

THE
INTERNATIONAL JOURNAL
OF
PSYCHO-ANALYSIS

THE
INTERNATIONAL JOURNAL
OF
PSYCHO-ANALYSIS

VOLUME XI

1930



THE
INTERNATIONAL JOURNAL
OF
PSYCHO-ANALYSIS

DIRECTED BY
SIGM. FREUD

OFFICIAL ORGAN
OF THE
INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
ERNEST JONES

WITH THE ASSISTANCE OF

G. BOSE
CALCUTTA
M. EITINGON
BERLIN

J. C. FLÜGEL
LONDON

P. SARASIN
BÂLE

A. A. BRILL
NEW YORK

J. VAN EMDEN
THE HAGUE

J. W. KANNABICH
MOSCOW

D. BRYAN
LONDON

S. FERENCZI
BUDAPEST

C. P. OBERNDORF
NEW YORK

W. A. WHITE
WASHINGTON



VOLUME XI.
1930

PUBLISHED FOR
THE INSTITUTE OF PSYCHO-ANALYSIS
BY
BAILLIÈRE, TINDALL & COX, 7 and 8 HENRIETTA STREET, COVENT GARDEN,
LONDON, W.C. 2

THE
INTERNATIONAL JOURNAL
OF
PSYCHO-ANALYSIS

FOUNDED BY
SIGMUND FREUD

EDITORIAL BOARD

INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
ERIK H. ERIKSON

PRINTED IN GREAT BRITAIN

COPYRIGHT

1930



VOLUME XL

1930

PUBLISHED FOR

THE INSTITUTE OF PSYCHO-ANALYSIS

11, BEDFORD SQUARE, LONDON, W.1

CONTENTS OF VOLUME XI

ORIGINAL PAPERS

	PAGE
ALEXANDER, FRANZ: The Neurotic Character . . .	292
BOEHM, FELIX: The Femininity-Complex in Men . .	444
BRYAN, DOUGLAS: Bisexuality	150
CORIAT, ISADOR: Instinctual Mechanisms in the Neuroses	61
DALY, C. D.: The Psychology of Revolutionary Tendencies	193
DEUTSCH, HELENE: The Significance of Masochism in the Mental Life of Women	48
EDER, M. D.: Dreams as Resistance	40
FENICHEL, OTTO: The Psychology of Transvestism . .	211
FERENCZI, SÁNDOR: The Principle of Relaxation and Neocatharsis	428
GLOVER, EDWARD: Grades of Ego-Differentiation . .	1
GLOVER, EDWARD: Introduction to the Study of Psycho-Analytical Theory	470
HÁRNIK, J.: Resistance to the Interpretation of Dreams in Analysis	75
HÁRNIK, J.: One Component of the Fear of Death in Early Infancy	485
HUTCHINSON, G. EVELYN: Two Biological Aspects of Psycho-Analytic Theory	83
KLEIN, MELANIE: The Importance of Symbol-Forma- tion in the Development of the Ego	24
LAFORGUE, RENÉ: On the Eroticization of Anxiety . .	312
LORAND, A. S.: Fetishism in Statu Nascendi	419
ÖBERNDORF, C. P.: Technical Procedure in the Analytic Treatment of Children	79
PEREPEL, E.: On the Physiology of Hysterical Aphonia and Mutism	185
PFEIFER, SIGMUND: A Form of Defence	492
REIK, THEODOR: Final Phases of Belief found in Religion and in Obsessional Neurosis	278
SCHMIDEBERG, MELITTA: The Rôle of Psychotic Mechanisms in Cultural Development	387
SEARL, M. N.: The Rôles of Ego and Libido in Develop- ment	125
SHARPE, ELLA FREEMAN: Certain Aspects of Subli- mation and Delusion	12

ORIGINAL PAPERS—*Continued.*

	PAGE
SHARPE, ELLA FREEMAN: The Technique of Psycho-Analysis	251
SHARPE, ELLA FREEMAN: The Technique of Psycho-Analysis	361
STRACHEY, JAMES: Some Unconscious Factors in Reading	322
YATES, SYBILLE L.: An Investigation of the Psychological Factors in Virginity and Ritual Defloration	167

SHORTER COMMUNICATIONS

BERKELEY-HILL, OWEN: Flatus and Aggression	345
BYCHOWSKI, GUSTAV: A Case of Oral Delusions of Persecution	332
CULLIS, M. A.: Farthingale: A Suggested Derivation.	87
EDER, M. D.: Symbol-Metaphor	92
FLÜGEL, J. C.: A Dress Reform Idea	497
GLOVER, EDWARD: The 'Vehicle' of Interpretations	340
JONES, ERNEST: Inverse (Phallic) Inferiority	232
JONES, ERNEST: An Over-Determined Remark	344
LAL SARKAR, SARASI: A Conversion Phenomenon in the Life of the Dramatist Girish Chandra Ghose.	228
LEVIN, MAX: Psycho-Analytic Interpretation of Two Statements from the Talmud	94
RIVIERE, JOAN: Magical Regeneration by Dancing	340
SACHS, HANNS: Behaviour as an Expression of Mental Processes during Analysis	231
SCHULTZ, J. H.: The Apparent Persistence of a Symptom from the First Four Weeks of Life	338

BOOK REVIEWS

ALLEN, A. H. B.: Pleasure and Instinct	108
ASTLEY, H. J. D.: Biblical Anthropology Compared with and Illustrated by the Folklore of Europe and the Customs of Primitive Peoples	114
BERNFELD, SIEGFRIED: The Psychology of the Infant	96
BROWN, WILLIAM: Science and Personality	103
DASHIELL, JOHN FREDERICK: Fundamentals of Objective Psychology	107
DAWSON, WARREN R.: The Custom of Couvade	115
DE BIRAN, MAINE: The Influence of Habit on the Faculty of Thinking	512
FRAZER, SIR JAMES GEORGE: Myths of the Origin of Fire	348

BOOK REVIEWS—*Continued.*

	PAGE
GARÇON, MAURICE AND VINCHON, JEAN: The Devil. An Historical, Critical and Medical Study	240
GARNETT, A. CAMPBELL: Instinct and Personality	236
GILLESPIE, R. D.: Sleep and the Treatment of its Disorders	100
GROVES, ERNEST R.: The Marriage Crisis	236
HEALY, WILLIAM: BRONNER, AUGUSTA and BOWERS, ANNA MAE: The Structure and Meaning of Psycho- Analysis	500
JAEGER, M.: Sisyphus or the Limits of Psychology	102
KÖHLER, WOLFGANG: Gestalt Psychology	511
LORD, J. R.: Editing Contributions to Psychiatry, Neurology and Sociology	239
MILLER, H. CRICHTON: Insomnia	510
MORGAN, C. LLOYD: Mind at the Crossways	346
PAYNTER, RICHARD and BLANCHARD, PHYLLIS: Educational Achievements of Problem Children	239
PETERSON, HOUSTON: Havelock Ellis, Philosopher of Love	114
PIERCE, S. W. and J. T.: The Layman looks at Doctors	101
PILLSBURY, W. B.: The History of Psychology	346
POLITZER, GEORGES: Critique des Fondements de la Psychologie	237
PRINCE, MORTON: Clinical and Experimental Studies in Personality	107
RAIMANN, E.: Zur Psychoanalyse	99
RÓHEIM, GÉZA: Animism, Magic and the Divine King	234
SAUDEK, ROBERT: Experiments with Handwriting.	109
TISSI, SILVIO: La Psicanalisi	98
THOMPSON, R. LOWE: The History of the Devil, the Horned God of the West	241
VALENTINE, C. W.: The New Psychology of the Uncon- scious	101
VARIOUS WRITERS: Sex in Civilisation	112
VIERECK, GEORGE SYLVESTER and ELDRIDGE, PAUL: My First Two Thousand Years: the Autobiography of the Wandering Jew	115
WALKER, E. M. and K. M.: On being a Father	350
WECHSLER, ISRAEL S.: The Neuroses	99
WITTELS, FRITZ: Critique of Love	96, 346
YELLOWLEES, DAVID: Psychology's Defence of the Faith	349
ZACHRY, CAROLINE B.: Personality Adjustments of School Children	238

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

	PAGE
AMERICAN PSYCHO-ANALYTICAL ASSOCIATION	242, 513
BRITISH PSYCHO-ANALYTICAL SOCIETY . . .	118, 352, 514
DUTCH PSYCHO-ANALYTICAL SOCIETY . . .	120, 516
GERMAN PSYCHO-ANALYTICAL SOCIETY . . .	242, 517
HUNGARIAN PSYCHO-ANALYTICAL SOCIETY . . .	122, 353, 519
INDIAN PSYCHO-ANALYTICAL SOCIETY . . .	354, 519
NEW YORK PSYCHO-ANALYTICAL SOCIETY	247, 355, 520
PARIS PSYCHO-ANALYTICAL SOCIETY . . .	121, 357, 520
RUSSIAN PSYCHO-ANALYTICAL SOCIETY . . .	521
SWISS PSYCHO-ANALYTICAL SOCIETY . . .	122, 358, 522
VIENNA PSYCHO-ANALYTICAL SOCIETY . . .	250, 523
REPORT OF THE INTERNATIONAL TRAINING COMMISSION	523

759

Publishers: DAVID NUTT, London; NICOLA ZANICHELLI, Bologna; G. E. STECHERT & CO., New York; FÉLIX ALCAN, Paris; AKADEMISCHE VERLAGSGESELLSCHAFT, Leipzig; RUIZ HERMANOS, Madrid; FERNANDO MACHADO e CIA, Porto; THE MARUZEN COMPANY, Tokyo.

“SCIENTIA” INTERNATIONAL REVIEW OF SCIENTIFIC SYNTHESIS

Published every Month (each number consisting of 100 to 120 pages).
Late Editor: EUGENIO RIGNANO.

Editors: F. BOTTAZZI, G. BRUNI, F. ENRIQUES.

IS THE ONLY REVIEW the contributors to which are really international.

IS THE ONLY REVIEW that has a really world-wide circulation.

IS THE ONLY REVIEW of scientific synthesis and unification that deals with the fundamental questions of all sciences: the history of the sciences, mathematics, astronomy, geology, physics, chemistry, biology, psychology and sociology.

IS THE ONLY REVIEW that by means of enquiries among the most eminent scientists and authors of all countries (*On the philosophical principles of the various sciences; On the most fundamental astronomical and physical questions of current interest; On the contribution that the different countries have made to the development of various branches of knowledge; On the more important biological questions; On the great social and economical international questions*), studies all the main problems discussed in intellectual circles all over the world, and represents at the same time the first attempt at an international organization of philosophical and scientific progress.

IS THE ONLY REVIEW that among its contributors can boast of the most illustrious men of science in the whole world.

The articles are published in the language of their authors, and every number has a supplement containing the French translation of all the articles that are not French. The review is thus completely accessible to those who know only French. (*Write for a gratis specimen number to the General Secretary of "Scientia," Milan, sending 1 sh. in stamps of your country, merely to cover postal expenses.*)

SUBSCRIPTION: Sh. 40; \$ 10, post free. OFFICE: 12, Via A. De Togni-Milano (116).

General Secretary: Dr. PAOLO BONETTI.

Archivio Generale di Neurologia, Psichiatria e Psicoanalisi

Fondato e diretto da M. LEVI BIANCHINI (Teramo)

COLLABORATORI

L. De Lisi (Cagliari) — S. De Sanctis (Roma)

ANNO XI - VOLUME XI - 1930

L'Archivio Generale di Neurologia, Psichiatria e Psicoanalisi, esce in quattro fascicoli trimestrali costituenti a fine d'anno uno o due volumi di 30—35 fogli di stampa complessivi. Pubblica lavori originali, purchè non superino di regola uno o due fogli di stampa: riviste sintetiche e bibliografie riguardanti la Biopatologia nervosa e mentale e in genere la Scienza dello spirito. — I manoscritti inviati alla Redazione devono essere nitidamente dattilografati: le figure illustrative e le tavole ordinatamente disposte. — Gli Autori di Memorie originali ricevono 25 estratti contenenti la memoria originale gratuiti. Gli estratti in più sono a carico dell'Autore e debbono essere richiesti all'atto dell'invio della memoria originale.

Prezzo dell'abbonamento annuo:

Italia e Colonie (netto) L. 75 — Estero (netto) dollari 8.

Prezzo di un fascicolo separato:

Italia e Colonie (netto) L. 25 — Estero (netto) dollari 2.

Per tutto quanto riguarda la Direzione, Redazione, Amministrazione rivolgersi al seguente indirizzo: Prof. M. LEVI BIANCHINI — Teramo (Abruzzi) Italia.

CONTENTS

ORIGINAL PAPERS

	PAGE
ELLA FREEMAN SHARPE. Technique of Psycho-Analysis.....	361
MELITTA SCHMIDEBERG. The Rôle of Psychotic Mechanisms in Cultural Development.....	387
A. S. LORAND. Fetishism in Statu Nascendi.....	419
SANDOR FERENCZI. The Principle of Relaxation and Neocatharsis.....	428
FELIX BOEHM. The Femininity-Complex in Men	444
EDWARD GLOVER. Introduction to the Study of Psycho-Analytical Theory	470
J. HÁRNIK. One Component of the Fear of Death in Early Infancy.....	485
SIGMUND PFEIFER. A Form of Defence.....	492

SHORTER COMMUNICATION

A DRESS REFORM IDEA. By J. C. Flügel.....	497
---	-----

BOOK REVIEWS

THE STRUCTURE AND MEANING OF PSYCHOANALYSIS. By William Healy, Augusta Bronner, Anna Mae Bowers.....	500
INSOMNIA. By H. Crichton-Miller.....	510
GESTALT PSYCHOLOGY. By Wolfgang Köhler.....	511
THE INFLUENCE OF HABIT ON THE FACULTY OF THINKING. By Maine de Biran.....	512

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

AMERICAN PSYCHO-ANALYTICAL ASSOCIATION.....	513
BRITISH PSYCHO-ANALYTICAL SOCIETY.....	514
DUTCH PSYCHO-ANALYTICAL SOCIETY.....	516
GERMAN PSYCHO-ANALYTICAL SOCIETY.....	517
HUNGARIAN PSYCHO-ANALYTICAL SOCIETY.....	519
INDIAN PSYCHO-ANALYTICAL SOCIETY.....	519
NEW YORK PSYCHO-ANALYTICAL SOCIETY.....	520
PARIS PSYCHO-ANALYTICAL SOCIETY.....	520
RUSSIAN PSYCHO-ANALYTICAL SOCIETY.....	521
SWISS PSYCHO-ANALYTICAL SOCIETY.....	522
VIENNA PSYCHO-ANALYTICAL SOCIETY.....	523
REPORT OF THE INTERNATIONAL TRAINING COMMISSION...	523